



# MET WEST STATE TITLES 2010

## Player Nomination Form

*Players are required to supply proof of residency at time of trial.  
Photocopy of Utilities bill or Parents drivers licence is sufficient and is  
to be attached to the nomination form.*

AGE GROUP:

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

PARENTS NAMES: \_\_\_\_\_

CONTACT DETAILS: MUM \_\_\_\_\_ DAD \_\_\_\_\_

CURRENT CLUB: \_\_\_\_\_

PLAYING POSITION: \_\_\_\_\_

Playing Shirt/Polo Size \_\_\_\_\_ Short Size \_\_\_\_\_ Sock Size \_\_\_\_\_ Jacket Size \_\_\_\_\_

Do you have any health problems? YES / NO

If YES please specify and inform if you require any form of medication.

**There will be no discussion on team selections**

Parent/Guardian Signature \_\_\_\_\_

ADMINISTRATION USE ONLY

TRIAL NUMBER ALLOCATED .....