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REPRESENTATIVE PLAYER TRIALS Registration 2009

Player's Personal Details		
Surname:		First Name:
Date of Birth:	Email Address: (Please print clearly)	
Address:		
Post Code :		
Telephone:	Home:	Mobile:
Current Club:		
Age Group :	<input type="checkbox"/> GIRLS <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16	<input type="checkbox"/> BOYS <input type="checkbox"/> U12 <input type="checkbox"/> U13 <input type="checkbox"/> U14 <input type="checkbox"/> U15
Please cross the appropriate age group		
Emergency Contacts		
Name:		
Telephone:	Home:	Mobile:
Name:		
Telephone:	Home:	Mobile:

Please complete and return to Football Brisbane prior to your trial date :
 Email : secretary@footballbrisbane.com.au
 Fax: (07) 3849 6999 or PO Box 60, Salisbury, QLD, 4107

