



Middlesex Girls Centre of Excellence

Application for Trial



GIRLS' CENTRE
OF EXCELLENCE
2008-09

Players Name:	
Address:	
Postcode:	
Parents telephone Number/Mobile Number:	
Parents Email address:	
Players Date of Birth:	
Players Age on 1st September 2009:	
Any relevant medical information we should be aware of:	
Please list any other Centre's you are trialling for: <small>*please note it is very important you provide this information</small>	
Current Club or Last Club:	
School you attend:	
Player Signature:	
Date:	

PREFERRED PLAYING POSITION: Please tick box

Forward Midfield Defender Goalkeeper