



Lower South East
SAPSASA DISTRICT



Mid South East
SAPSASA DISTRICT

NOMINATION FORM TO ATTEND MSE/LSE GIRLS SOCCER TRYOUT 2018

CHILD'S NAME :

DATE OF BIRTH:

PARENTS' NAMES:

SCHOOL:

YEAR LEVEL:

POLO SHIRT SIZE (PLEASE CIRCLE): 10 12 14 16 SMALL MEDIUM LARGE

HOME EMAIL:

PARENT'S MOBILE(S):

PLAYING EXPERIENCE/POSITION(S):

CONSENT FOR PUBLICATION OF CHILD'S NAME: YES or NO

IS YOUR CHILD A CURRENT HOLDER OF A SCHOOL CARD? YES or NO

SIGNATURE OF PARENT:

*This form is to be faxed to Tony O'Connell on 87 372 877 or scanned
and emailed to **tony.oconnell808@schools.sa.edu.au***