

# Softball Campbelltown Representative

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Email: sc\_reps@outlook.com

## Application to Trial – Tee Ball-2016

**CUT OFF DATE IS UNDER SPECIFIED AGE AS AT 31<sup>ST</sup> DECEMBER IN THE YEAR OF CHAMPIONSHIP.**

**PLEASE PRINT INFORMATION ONLY**

**BORN 2006, 2007, 2008**

Surname:	First Name:
Address:	
Suburb:	Post Code:
Date of Birth:	Male / Female
Phone:	Mobile Phone:
Email:	
Registered Club:	Division / Age Group:
<p><b><u>List the positions below you wish to trial for:</u></b></p> <p>1<sup>st</sup> preference: _____ 2<sup>nd</sup> Preference: _____</p> <p>Playing Experience: _____</p> <p>_____</p>	
<p>Players Signature: _____ Date: _____</p> <p>Parent/s Signature: _____ Date: _____</p> <p>(If UNDER 18 YEARS OF AGE)</p> <p>Parent 1 Name: _____</p> <p>Parent 2 Name: _____</p>	