



# TRIAL FORM

## Athlete Details:

First Name:

Surname:

Date of Birth:

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

## Parent Details:

First Name:

Surname:

Phone Number:

_____	_____	_____
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Parent Signature:

\_\_\_\_\_

Trial Date:      1st trial \_\_\_\_\_  
                         2nd trial \_\_\_\_\_