



2015 JUNIOR REPRESENTATIVE TRIAL NOMINATION FORM



HAROLD MATTHEWS CUP – UNDER 16s - Thursday 11th September 2014 **SG BALL CUP – UNDER 18s** - Saturday 13th September 2014

TEAM NOMINATION:	HAROLD MATTHEWS/SG BALL (select one)	
PLAYER'S NAME:		
DATE OF BIRTH		
EMAIL:		
CONTACT NO:		
ADDRESS:		
PARENT/GUARDIAN:	Name: Phone:	
PLAYER MANAGER:	Name: Contact:	M
ABORIGINAL/TORRES STRAIT ISLANDER DESCENT:	YES/NO If YES, please provide details:	
2014 JUNIOR LEAGUE INFORMATION:	Club: Age Group:	
OTHER TEAMS PLAYED FOR (representative, school, regional, state, national etc)	abour Health Abour Health	
Preferred playing position/s:	1. 2.	
Coaching Reference:	Name: Phone Contact:	
If you are from outside the Sydney Metropolitan area do you have access to local accommodation if you were successful in gaining a position (family, friends etc)?		
If YES please provide details:		
Highlights Video	Web Link: (or include hard copy with nomination form)	

Please return nomination forms to the Cronulla Sharks via:

Email - vtran@sharks.com.au or

Post – Cronulla Sharks Junior Reps Nomination – Att: Vinh Tran, PO Box 2219 Taren Point NSW 2229

Nominations close Friday 29th August 2014. Nominations sent after this date will not be considered.

Submitting a nomination form does not guarantee participation in the trials. Trial is by invite only

Further information regarding times, what to bring, etc. will be given to you if successful in gaining a spot in the trial.

For more information please contact:

Development Manager: Vinh Tran – E: vtran@sharks.com.au Ph: (02) 9527 8294