



Dates and Age Groups	Friday 2 nd March 5pm-6pm	U15/U16	Born between 1st September 2001 and 31st August 2003
	Friday 9 th March 5pm-6pm	U15/U16	Born between 1st September 2001 and 31st August 2003

Please enter the selected date the player would like to attend

Date	
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NAME OF CURRENT CLUB/S	
PREVIOUS CLUBS (IF ANY)	

Player's name	First name	Surname
Date of birth		
Parent Name		
Parent contact details	Email	
	Mobile	

Favoured Playing Position	
1st choice	
2nd choice	

MEDICAL INFORMATION
Any Known medical conditions? / Any medical needs? / Any history of injury?

Please return to Craig Chappell, craig.chappell@rochdaleafc.co.uk at least one day before the trial date.

PROOF OF AGE FOR NAMED PLAYER **MUST BE PROVIDED** WITH THIS FORM (BIRTH CERTIFICATE OR PASSPORT), OTHERWISE, YOUR APPLICATION TO ATTEND TRIALS WILL NOT BE ACCEPTED