



ORANGE THUNDER TOUCH FOOTBALL REPRESENTATIVE INABILITY TO TRIAL FORM

Player Name: _____

Date of Birth (DD/MM/YY): _____

Team wishing to be considered for: _____

Preferred playing position: Middle / Link / Wing

Reason for inability to attend trials: _____

Do you have supporting documentation?
(eg. Doctors Certificate, Travel Documents): Yes / No

Contact Parent Name (if player under 18): _____

Contact Parent Mobile (if player under 18): _____

Contact Parent Email (if player under 18): _____

Please outline touch football playing history at a National, State or Regional (Hornets) representative level (mention years & teams played in, any awards or achievements):

Please outline touch football playing history at an Orange Thunder or other club representative level (mention years & teams played in, any awards or achievements):

Please outline touch football playing history at a local competition level (mention number of years played, any awards or achievements):

Please outline touch football playing history at a school level (mention years & teams played in, any regional or state representation, any awards or achievements):

Please outline any other touch football related skills or attributes that you wish for selectors to consider:

Completed form must be emailed to our club orangeseniortouch@yahoo.com.au (for all open-aged, U20, youth league or senior division) or to orangejuniortouch@yahoo.com.au (for all junior rep divisions U8 to U18).