

REPRESENTATIVE TRIAL EXPRESSION OF INTEREST

Student Name:	
Date of birth:	
Sport:	
I agree that: (please tick) An in-house trial may be necessary, and the school may	not select my child to be nominated.
☐ My child would be in the top 4-5 in the school for their s	port across the 10-12 year age bracket.
☐ Townsville School Sport trials will occur outside of school	ol hours, and private transport is required.
☐ This form must be returned promptly to meet the deadling return in time can result in missing out on nomination.	nes provided by Townsville School Sport. Failure to
Student Signature:	
Parent Signature:	
Coach Signature:	

Please return this form to Mrs Lobley or the school office before the due date found on the Representative Trials Information sheet.