



TRIAL NO#

SUTHERLAND SHARKS TRIAL FORM

FOR SAP / SDS

Please complete the form below and ensure that you bring it with you on the day of trial and hand into the SSFC registrar and have a trial number assigned to you.

Age Group U8 U9 U10 U11
(Please circle one)

Player Name: _____

Date of Birth: _____

Team Last Registered with: _____

Parent/ Gaurdian: _____

Email: _____

Contact Number: _____

Residential Address: _____
