

APPLICATION FOR Fairfield Liverpool Cricket Association Cricket NSW Metropolitan Youth Championships

Players full Name:.....

Address.....

Contact Phone Number (s).....

Parent/Guardian Name:.....

Date of Birth:Age the player will be on 31st Aug 2019.....

Email Address:

Intending FLCA Club:

Previous Rep Experience: YES / NO If yes, Which Association:

Team you wish to trial for: Please Tick (v)

CAWSEY (Under 12) Must be aged 11 or younger on 31st August 2019

GEE (Under 13) Must be aged 12 or younger on 31st August 2019

MOORE (Under 14) Must be aged 13 or younger on 31st August 2019

WEBLIN (Under 15) Must be aged 14 or younger on 31st August 2019

WATSON (Under16) Must be aged 15 or younger on 31st August 2019

I wish to Trial as:

Batter: Top Order Batter : Middle Order

Medium Pace Bowler Fast Bowler Slow/Spin Bowler

All Rounder Wicket Keeper

Circle skills applicable

I am aware that:

- Players should attend all games and training set down for representative teams.
- \$50 must be paid prior to selection trial.
- \$50 will only be refunded to players not selected.
- Successful players will have this \$50 go toward the Season Representative Fee.

Date:Parent/Guardian Signature:

Shirt Size (Please circle): 8 10 12 14 SM M L XL

Shorts/Trouser Size (Please circle): 8 10 12 14 S M L XL

Date \$50 Deposit paid.....

FLCA Bank Details: *FLCA BSB: 062-130 Acct no: 00906459 Please use surname and age group as reference*