



The Football Association  
Centre for Excellence (Female)



### Trialist Form Season 2009-2010

Please complete ALL sections on this form in BLOCK CAPITALS  
FA Premier League / Football League Club: **Sheffield United Girls Centre of Excellence**  
Centre of Excellence Venue: Sheffield United Football Academy

#### PLAYER DETAILS

Application Date \_\_\_\_\_

Name	
Date of Birth	
Address	
Post Code	
County	
Ethnic Origins	
School and School Year	
Head Teachers Name	

#### PARENT OR CARER DETAILS

Name	
Relationship to player	
Address	
Post Code	
County	
Telephone Number	
Mobile Number	
Email Address	

#### CLUB INFORMATION

Club	
Secretary Name	
Address	
Post Code	
County	
Telephone Number	
Email Address	
Managers Name	

The above information MUST be completed before the commencement of the players trial.

Recommendation made by: Club / Manager / Parent / Friend / Other (please state)  
(please delete as appropriate)

Please complete and send the form back as an attachment to  
the email to: [karleen@sugcoe.com](mailto:karleen@sugcoe.com)