



SYDNEY ROOSTERS
2019 HAROLD MATTHEWS
TRIALS REGISTRATION FORM

Please PRINT all details clearly below.

PERSONAL DETAILS

First Name	Last Name
Address	
Suburb	Postcode
Home Phone Number	Mobile Phone Number
Email Address	Date of Birth
Occupation or School	Year at School (e.g. Year 11)
Current Club	Rugby League District (e.g. Parramatta, Penrith, South Sydney)

PLAYING & REPRESENTATIVE HISTORY

2018
2017

PREFERRED PLAYING POSITIONS

1st preference	2nd preference	3rd preference
----------------	----------------	----------------

I acknowledge that the Sydney Roosters Rugby League Football Club accepts no liability for injuries sustained during Open and/or Invited Trial matches.

Signature	Date
-----------	------

STAFF USE ONLY

Development Fee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------	------------------------------	-----------------------------

