



Under 20's

PLAYER REGISTRATION FORM

PLEASE COMPLETE IN CAPITALS

Personal Details

Name	Email Address*
Address	DOB and age
Postcode	Mobile Tel
Home Tel	Welsh speaker yes/no
Occupation	How do you qualify for Wales? Birth/parentage/residency

***Please note that all correspondence will be through email, unless you request otherwise, so please write address clearly!**

Playing Background

First Choice Playing Position	Second Choice Playing Position
Club	Rep. Honours

Parent/ guardian signature if under 18.....

Parent/ guardian emergency telephone number.....

Please note if you are under 18 and this is not signed you will NOT be eligible to trial.

Completed forms, need to be returned to Sophie Bennett, 1st Floor Golate House, 101 St Mary Street, Cardiff, CF10 1GE by **Wednesday 24th October 2007**