HORSLEY ZONE ??????

TRIALS 20??

To all sport organisers in the Horsley Zone,

Trial details for the selection of players for the Horsley Zone ??????(Insert Sport) team to play at the Sydney South West Area Carnival on ???????? (Insert Date) at ?????????? (Insert Location) are:

HORSLEY ZONE ???? TRIALS

DATE ?????

TIME ?????

LOCATION ????????

**Important: Parents / caregivers of a child attending a Horsley Zone trial are required to stay for the whole selection trial in order for their child to be able to participate in the trial.**

**Please note: Training Sessions will be held on the following dates from Time ?????????**

**Dates ??????????**

Girls / Boys with above average ability in ???????? (Depending on Sport) should be informed of the trial and encouraged to attend.

Girls / Boys who perform well for the Horsley Zone team on ??????? (Insert Date) will be eligible to make the Sydney South West Area team that will compete at the NSW PSSA State Carnival from ??????? (Insert Date) at ???????? (Insert Location).

Can you please fax / email me the attached form by ???????? (Insert Date).

Please fax / email me a NIL REPORT if you do not have any students nominated to attend.

Many thanks,

???????????? (Convener / Coach Name)

???????????? (School) Page 1

FAX REPLY RE: NOMINATED ??????????? TRIALISTS

(Please send this reply by 3:00pm on ????????????)

To: ????????? (Convener / Coach)

 ????????? ( School)

 Email / Fax ???????

The following students have been nominated by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Public School and have been asked to attend the Horsley Zone ????????? Trials at ????????(Location) on ???????????? (Date).

Student Name Grade Known / High Risk Medical Conditions

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reminder: Parents / caregivers of a child attending a Horsley Zone trial are required to stay for the whole selection trial in order for their child to be able to participate in the trial.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position at School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Page 2