Fax (02) 9230 0044
PO Box R545
Royal Exchange
Sydney, NSW 1225

SPORTSPLAYER INFORMATION SHEET DATE: / /

Surname: _____ **First Name/s:** _____

Age: _____ **D.O.B:** _____

Address: _____

Player's phone no: (h)…….. **(m)**……..

Email address: _____

Occupation: _____ **Student: YES/NO School:** _____

Club/s: _____ **Grade/s played:** _____

Represent games played

1. _____
2. _____
3. _____
4. _____

Position played: _____

Goal kicking: YES/NO **Organiser: YES/NO** **Speed: Brillant/Good/Avearage**

Height: _____ **Weight:** _____ **Prefer: ATTACK / DEFENCE**

Injuries: _____

Private Training: Swimming Boxing Running Gym Cycling

Other training: _____

Other Sporting interests: _____

SMOKER: YES/NO **Drinker: YES/NO**

Additional information: _____

Goals: _____

Comments: _____

_____

_____

_____

_____

_____