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| Youth Trials Application Formmansfield town badge.jpg |

Mansfield Town FC

Youth Trials 2018/19

Player Profile Form

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| **PLAYER NAME** |  |
| **PLAYER AGE GROUP (NEXT SEASON)** |  |
| **PLAYER D.O.B** |  |
| **SCHOOL YEAR (IN SEPTEMBER)** |  |
| **PARENT NAME** |  |
| **PARENT EMAIL** |  |
| **PARENT CONTACT NUMBER** |  |
| **PLAYER POSITION** |  |
| **PLAYER ILLNESS/INJURY INFO** |  |
| **CURRENT/PREVIOUS CLUBS** |  |
| **ACADEMY/PROFESSIONAL CLUB EXPERIENCE** |  |
| **ANY ADDITIONAL INFO COACHES MAY NEED** |  |

Once complete, send application form to nathan.cantrill@mansfieldtown.net.