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| **Youth Trials Application Form** |

**Mansfield Town FC**

**Youth Trials 2019/20**

**Player Profile Form**

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| **PLAYER NAME** |  |
| **PLAYER AGE GROUP (CURRENT SEASON)** |  |
| **PLAYER D.O.B** |  |
| **SCHOOL YEAR (CURRENT)** |  |
| **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** [**fred.coggeran@mansfieldtown.net**](mailto:fred.coggeran@mansfieldtown.net)