



Trials Form

Please complete and return via e mail or by post to the addresses at foot of page.

Name of Player:

Date of Birth: Date of Birth:

Address:

.....

Post Code:

Telephone No: (H) (M)

Primary playing position:

Secondary playing position:

Have you played school, district or county football? : Y / N

Any medical conditions:

.....

If registered with another club

Club Name:

Club Manager:

Current league and division:

Maidstone United Youth Section
C/O 50, Bramley Road. Snodland. Kent. ME6 5DY
E Mail: mufcyouth@btinternet.com M: 07801 023365

