

Lincoln City FC Youth Academy

OPEN TRIALS EVENT 2019 **REGISTRATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Player Surname |  | Player First Name |  |
| Current Age Group |  | Date of Birth |  |
| Current Club |  | | |
| Preferred Playing Position(s) |  | | |
| Parent/Guardian Name |  | | |
| Address |  | | |
| Town/City |  | Post Code |  |
| Contact Tel: |  | Alternative Tel: |  |
| Contact Email: |  | | |
| Any relevant medical information: |  | | |

The information contained in this form will not be shared with any third parties.

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**www.lincolncityyouthacademy.co.uk**