



Lincoln City FC Youth Academy  
**U16 OPEN TRIAL EVENT**  
**2020 REGISTRATION FORM**

Player Surname		Player First Name	
Current Age Group		Date of Birth	
Current Club/ Previous Academy Clubs			
Preferred Playing Position(s)			
Parent/Guardian Name			
Address			
Town/City		Post Code	
Contact Tel:		Post GCSE Preferred Area of Study:	
Contact Email:		Predicted GCSE Results (inc. English & Maths):	
Any Relevant Medical Information:			

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

[www.lincolncityyouthacademy.co.uk](http://www.lincolncityyouthacademy.co.uk)