

Lincoln City FC Youth Academy

U16 OPEN TRIAL EVENT 2023 **REGISTRATION FORM**

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| --- | --- | --- | --- |
| 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.

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**www.lincolncityyouthacademy.co.uk**