

REPRESENTATIVE TRIALS NOMINATION FORM

Club:																				
Age Group:	Under-																			

No.	Personal Details							Principle Role			Batting		Bowling		
	First Name	Surname	Address	Suburb	Post Code	Phone	DOB	Batsman	Bowler	Keeper	Left/Right	Position	Left/Right	Type	Position
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															