



## HUNTER WESTERN HORNETS TOUCH FOOTBALL

### INABILITY TO TRIAL

**DATE:** ..... / ..... / .....

**TO:** Technical Director – Hunter Western Hornets Touch Association

**FROM:** ..... of ..... Touch Assoc.

**SUBJECT:** Inability To Trial (Representative Team Trial)

**Personal Details** [all fields required]

Full Name			
Home Affiliate			
Current Affiliate			
Physical Address			
Suburb		Postcode	
Phone (H)		Phone (M)	
Email			
D.O.B.			

Hornets Team Trialing For	
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Reason for inability to trial:

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We are a Good Sports club



ABN: 92 594 826 967  
[admin@hornetstouch.com.au](mailto:admin@hornetstouch.com.au)

[www.hornetstouch.com.au](http://www.hornetstouch.com.au)



I have represented the following affiliate/s:

.....  
.....  
.....  
.....

I have played at the following tournament/s in the year/s listed:

.....  
.....  
.....  
.....

I have previously represented Hornets in the following team/s and year/s listed:

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.....  
.....

Other notable touch football achievements (CHS, Academy of Sport, NSW/AUS Rep, Awards) include:

.....  
.....  
.....  
.....

**Supporting documentation (Doctors Certificate, airline ticket etc) is attached:**

Yes                       No

I confirm the I meet the requirements of a Hunter Western Hornets Touch Association representative, and that all information above (and/or attached) are true and accurate.

Signature: .....

Name: .....

Date: ..... / ..... / .....

Please email to [technical@hornetstouch.com.au](mailto:technical@hornetstouch.com.au)

**BY 5:00PM FRIDAY PRIOR TO SELECTION TOURNAMENT OR FINAL TEAM SELECTION (TRIAL DAY)**



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