



WSPSSA



Western Suburbs PSSA Zone Trials SPORT: SE Boys Hockey 27th March, 2019

When completed please email to Patrick Angel (patrick.angel2@det.nsw.edu.au) by Thursday 21st March, 2019.

Convener: _____

School: _____ Fax No: _____

Sport: Boys Hockey Grade/Age: _____

School: _____ Phone No: _____

The following students (MAX 3) have been chosen to trial from our school and have returned permission notes. All students are aware they must be available for Sydney East trial and NSW State Carnival

Name	Date of Birth	Position (if applicable)	Comment (if applicable)	Medical Condition(s)
1				
2				
3				
EXCEPTIONAL	TO BE	NOTIFIED	TO	CONVENER

I give my permission for the students named above (MAX 3) to trial for a place in a WSPSSA team. Exceptional circumstances of more than 3 students to be discussed with Convener of sport. I understand each student must be available for Sydney East Trial and NSW State Carnival to be eligible to trial for the Zone team for Western Suburbs PSSA.

Signed: _____ Dated: _____
Sportsperson

Signed: _____ Dated: _____
Principal