Stoke City FC
Girls Centre of Excellence Trials

Trial Dates:
Sunday 14th June 2015
am - Under 11’s and Under 15’s
pm - Under 13’s and Under 17’s

Saturday 20th June
am - Under 9’s (9.30am-12.00pm)

Venue
Hardman Development Centre, Millrise Road,
Milton, Stoke-on-Trent, Staffordshire. ST2 7DW
(Subject to FA Licence)

Times
9.30am - 12pm - (Under 11’s and Under 15’s)
1pm - 3.30pm - (Under 13’s and Under 17’s)
(All players to arrive no earlier than 30 minutes or later than 15 minutes before start time)

Date of birth information for correct age groups detailed on reverse.

Please note:
Players may be asked to come back to the following dates.
Tuesday 16th June, Thursday 18th June (6pm - 9pm) and Saturday 20th June (TBC)

FA Statement:
The FA Girls’ Centre of Excellence trial period runs throughout the month of June and therefore you are welcome to attend trials at any Centre during this time. You do not have to officially accept your position with us until the 30th June 2015. Should you wish to accept earlier than the 30th June, you are welcome to do so.

If you are already registered with a Centre of Excellence, we would also ask that you are honest and make them aware that you are trialling at another Centre.

For further information and to register your place at the trials, please contact Stoke City FC on 01782 592218 or andrew.frost@stokecityfc.com
Player Registration

To register your place at the trials, please call **01782 592218** or email all relevant details to **andrew.frost@stokecityfc.com**. Please note: All players must complete this form and return on the day of their trial during registration.

Name ............................................................................................................................................................................................................................

Date of Birth ............................................................... Age .................. Current School Year .................................

Home Address ..........................................................................................................................................................................................................

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

Telephone Number ................................................................................................................................................................................................

Emergency Contact Number ............................................................................................................................................................................

Parent/ Guardian Name ......................................................................................................................................................................................

Parent/ Guardian Signature ..............................................................................................................................................................................

Please provide us with any medical details your daughter may have ....................................................................................

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

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

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

During the 2014/15 season, did you play for a club or other FA Girls Centre of Excellence?

If yes, which one? .................................................................................................................................................................................................

Photographs may be taken on the trial days. Please tick this box if you **DO NOT** wish photographs to be taken of your daughter

What is your preferred position: 1st .............................................................. 2nd ..............................................................

Please tick appropriate age group for next season:

Under 9’s (Born between 1st January 2007 to 31st December 2008) ☐
Under 11’s (Born between 1st January 2005 to 31st December 2006) ☐
Under 13’s (Born between 1st January 2003 to 31st December 2004) ☐
Under 15’s (Born between 1st January 2001 to 31st December 2002) ☐
Under 17’s (Born between 1st January 1999 to 31st December 2000) ☐

Thank you - You will be required to provide the information above when you register for the trials. Please also bring this form along with you to your chosen trial date already fully completed.

**All registrations for the trials must be received by 5pm Tuesday 10th June 2015.**