

SUFFOLK U15 SQUAD 2007-8 PLAYER DETAILS

Name:

Home address:
.....
.....

Date Of Birth:

Home Telephone:

Parent/Guardian Mobile:

Parents/Guardians e-mail:

Please only give this if you check your e-mails VERY REGULARLY. If an address is given, any change of venue or cancellation or any other message will be sent by e-mail

Parents/Guardians names:
.....

School:

Rugby teacher:

Club:

Coach:

Preferred Position:

Any Medical problem

The details above will be held by Suffolk Rugby admin and may be passed to Eastern Counties & EPDC, but not to any other organisation. Please tick here if you **DO NOT AGREE** to us sharing your information. _____

Please tick here if you **DO NOT AGREE** to a photo of your son being taken for our records _____