



Player management info form

Surname: _____ First Name: _____

Address: _____

State: _____ P/Code: _____

Email Address: _____

Date/Birth: _____ Age: _____ Male/ Female: _____

Parent: _____ Ph: _____ Mob: _____

Previous manager -----

EXPIRY DATE OF CONTRACT -----

Current Club: _____

EXPIRY DATE OF CONTRACT -----

Preferred Position [1] _____ [2] _____ [3] _____

Right Foot _____ Both Feet: _____ Left Foot: _____

Goal Keeper: Yes No

Medical Conditions: _____

COUNTRY OF INTEREST TO PLAY OR TRIAL _____

Brief summary -----

COMPLETED INFO REQUEST FORMS CAN BE :
Emailed to peter@technikfootball.com or Faxed [02] 97893784
Sent to: 629 canterbury rd belmore nsw 2192, AUSTRALIA

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629 CANTERBURY RD BELMORE 2192 N.S.W. AUSTRALIA
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