



Request for Trial Form

PLEASE USE BLOCK CAPITALS

Name of Player:

Name of Players Club: Affiliated League:

• **SECTION ONE – TO BE COMPLETED BY THE REQUESTING CLUB**

A. CLUB DETAILS

Name of Club: Club Secretary:

Correspondence Address:

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Tel: Mobile:

Email: Fax:

B. TRAVEL ARRANGEMENTS

Name of person responsible for Players travel arrangements:

Name of adult accompanying Player:

Arrangements for outbound travel:

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Arrangements for collection of the Player by Requesting Club:

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Arrangements for return of the Player by Requesting Club:

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C. ACCOMMODATION

Name of Accommodation: Type of Accommodation:

Address:

Tel: Fax: Email:

D. INSURANCE

Insurance is mandatory for Players while under the control of the Requesting Club and you are required to confirm insurance cover is in force for the player. Cover to be provided for Travel, Accident, Medical & Baggage.

Insurer: Date of Renewal:

Policy Number:

E. SUPERVISION

Note: Permission being granted is on the condition that the Player shall be supervised at all times. Provide details of who is responsible for supervision of the Player:

Name: Contact number:

Address:

Email: Fax:

Details of Club Education & Welfare Officer

Name: Contact Number:

Address:

Authorised Signature: Position:

Print Name: Date:

• SECTION TWO: TO BE COMPLETED BY PLAYERS CLUB SECRETARY

Secretary: Address:

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Signed:

• SECTION THREE: TO BE COMPLETED BY PARENT / GUARDIAN OF PLAYER

PLAYER DETAILS

Name of Player: Club:

Date of Birth: Age:

Name of Parent/Guardian:

Signature of Consent from Parent/Guardian:Date:

OFFICE USE ONLY

Affiliated League

Name: Signed:

Position: Date:

A copy of this completed form must be forwarded by the League to the FAI Football Support Services Department, National Sports Campus, Abbotstown, Dublin 15.