**CRONULLA ZONE PSSA**

**2019 Zone (INSERT SPORT) Trials**

 **TEACHER INFORMATION ONLY**

|  |  |
| --- | --- |
| **Date:** | **(INSERT DATE)** |
|  |  |
| **Venue:** | (INSERT VENUE),(INSERT ADDRESS) |
|  |  |
| **Time:** | (INSERT START AND FINISHING TIMES) |
|  |  |
| **Cost:** | (INSERT COST IF ANY or ‘NIL’) |
|  |  |
| **Entry:** | **Talented/outstanding players only** who have completed accompanying note.**Please SCAN and EMAIL copy of the permission note to (INSERT CONVENER NAME)** and alsoretain a copy in your school.School Entry Information Sheet should also be **forwarded to (INSERT CONVENER NAME)** by email**.** **Nominations should be returned to the convener no later than (INSERT DATE).** **Late applications will not be accepted.****Students not listed on the School Entry Information Sheet will NOT be permitted to trial**. |
|  |  |
| **Selection:** | A Cronulla Zone team will be selected to participate in the Sydney East Regional trials on **(INSERT DATE AND VENUE**).**If a student is not available for the Sydney East trial on (INSERT DATE AND VENUE) and the NSWPSSA State Carnival (INSERT DATE AND VENUE), then the student is deemed ineligible to be chosen in the Zone team.** |
|  |  |
| **Additional Information:** | * (INSERT ANY RELEVANT INFORMATION)
* (INSERT PLAYING EQUIPMENT NEEDED);
* ***Please indicate 2 preferred positions for students as they may only have the opportunity to trial in these positions.***
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|  |  |
| **Contact Person:** | (INSERT NAME) |  |
| **Position:** | Convener – (INSERT SPORT) |  |
| **School:** | (INSERT SCHOOL) |  |
| **Telephone:** | (INSERT SCHOOL PHONE NUMBER) |  |
| **Email:** | (INSERT EMAIL ADDRESS) |  |