

**METROPOLITAN EAST SECONDARY SCHOOLS SPORTS REGIONAL
18 YEARS AND UNDER BASEBALL TRIALS**

NOMINATION FORM AND PLAYER RESUME

Name: _____ **Date of Birth:** _____

Address: _____

_____ **Home Telephone:** _____

School: _____

School Address: _____

_____ **School Telephone:** _____

Experience and Positional Data: (Including year, age group, teams, achievements)

School Representation: _____

Club Representation: _____

Representative Teams: _____

Playing Positions: _____

Other information that may be of benefit to the selectors: _____

Throw R L Bat R L (Please Circle)

Parent/Caregiver Signature

Return **ALL THREE** forms to:

1. **Nomination Form/Player Resume**
2. **Parental Consent Form**
3. **Medical Form**

Simon Wilson
18 Years and Under Regional Baseball Convenor
Springwood SHS
200 Springwood Rd
Springwood 4127
Phone: 3380 6112
Fax: 3380 6100
Mobile: 0430 036 955

**The forms must be returned to Mr. Simon Wilson NO LATER THAN
Friday 12th Feb 2010.**