

Rouse Hill Junior Rugby League Inc.



TRAINER'S NOMINATION FORM 2009

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I WISH TO APPLY FOR THE POSITION OF TRAINER:

1ST CHOICE TEAM: _____

2ND CHOICE TEAM: _____

NAME: _____

ADDRESS: _____

PHONE: Home: _____

Mobile: _____

TRAINER QUALIFICATIONS:

LEVEL 1 YES/NO FOLIO NUMBER: _____

LEVEL 2 YES/NO FOLIO NUMBER: _____

TRAINERS BACKGROUND:

SIGNED: _____

Please send Nominations to PO Box 3183, Rouse Hill, 2155

PLEASE NOTE: If you do not hold a current trainers certificate are you prepared to obtain one. Yes/No

PLEASE NOTE NO E-MAIL OR HAND DELIVERED NOMINATIONS WILL BE ACCEPTED