**CLUB/COUNTY: Trial Nominations for U25 Men’s**

The Regional Trial will be held on Saturday 12th November 2016.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name, Address, e-mail address & contact no.** | **DOB** | **Liberty**  **Trophy** | **U25 Club / County Double Rink** | **Denny Cup** | **EIBA National Championship Finals**  **(Past 3 years)** | **EIBA Youth Award level** (bronze, silver or gold) | **Preferred playing position** |
|  |  | *Please indicate year and playing position* | *Please indicate year and playing position* | *Please indicate year and playing position* | *Please indicate name of Championship and year* | *Please indicate* | *Please indicate* |
| Name  Address  Email  Best Contact No. |  |  |  |  |  |  |  |
| Name  Address  Email  Best Contact No. |  |  |  |  |  |  |  |
| Name  Address  Email  Best Contact No. |  |  |  |  |  |  |  |

**Please tick location for your Players:-**

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| --- | --- | --- | --- |
| **Choice of Venue** | Address | **Time of Event** | **Please tick** |
| Bromsgrove & District IBC **..** | Austin Road, Charford, Bromsgrove B60 3PT | 2.00pm to 4.30pm |  |
| City of Ely IBC | Nutholt Lane, Ely, CB7 4PL | 2.00pm to 4.30pm |  |
| Darlington IBC | The Morrison Centre, North Road, Darlington DL1 2PY . | 2.00pm to 4.30pm |  |
| Taunton Deane IBC | Blackbrook Way, Taunton, TA1 2RW | 2.00pm to 4.30pm |  |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**