****

**Expression of Interest**

**for**

**2015 Football Federation Sunraysia**

**Representative Squads**

**Would you like to participate in the 2015 FFV Sunraysia Representative Squads?**

The competitions that Sunraysia will be attending in 2015 will be;

* South Australian Junior Soccer Association State Championships to be held over the Queen’s Birthday Long weekend from the 6th to the 8th of June 2015, at Barratt Reserve, corner West Beach Road and Military Road, West Beach, Adelaide.

<http://www.sajsa.com.au/Main%20Pages/State%20Championships.htm>

* South Australian Junior Soccer Association Country Championships to be held in Barmera on the weekend of 22nd and 23rd August 2015

<http://www.sajsa.com.au/Main%20Pages/Country%20Championships.htm>

If you are selected to play in one or both of the FFS 2015 Representative squads you will be expected to do the following;

* Attend training as directed by your appointed coach
* Pay an entry fee of $25.00 for each of the representative competitions you are selected to participate
* Pay a bond of $30 for the FFS jersey (this will be refunded when the jersey is returned)
* If you don’t already have them, purchase shorts and socks for $25.00($15 for shorts only and $10 for shorts only)
* Provide or organise your own transport to and from the representative competitions
* Organise and pay your own accommodation while playing in the representative competitions

Age groups will be: Under 11s Born on or after 1st January 2004 (Under 12 Development)

Under 12’s Born on or after 1st January 2003

Under 12 Girls Born on or after 1st January 2003

Under 13’s Born on or after 1st January 2002

Under 13 Girls Born on or after 1st January 2002

Under 14’s Born on or after 1st January 2001

Under 15’s Born on or after 1st January 2000

Under 16’s Born on or after 1st January 1999

If you are interested in participating and have not already done so, please complete and return the attached form to

**Susan Watts**

Football Federation Sunraysia Secretary and Regional Administrator

Contact Details:

Mobile: 0410 557 485

Email: swatts@ffv.org.au

**2015 FFV SUNRAYSIA REPRESENTATIVE SQUAD APPLICATION**

I………………………………………………………………………………………………………………………….……………….… (Name of player)

of ……………………………………………………………………………………………………………….……………………..… (Name of current club)

would like to express an interest to be selected to participate in one of the 2015 Football Federation Sunraysia Representative Squads.

I have previously represented Sunraysia in the following:

Age group......................................Coach................................................................... Year..........................

Age group......................................Coach................................................................... Year.........................

Age group......................................Coach................................................................... Year..........................

***My Details are:***

Date of Birth: ……………………………………………………………………………………………………………………….....................

FFA ID NUMBER: ………………………………………………………………………………………………………………….....................

Email Address: ……………………………………………………………………………………………………………………......................

Fathers name: …………………………………………………………………..………………………………………………….....................

Fathers Mobile: …………………………………………………………………………………………………………………........................

Mothers name: ………………………………………………………………………………………………………………….........................

Mothers Mobile: ……………………………………………………………………………………………………………….........................

Do you require any uniform items? (Please circle required items)

Shorts Socks

Do you have any medical conditions YES NO

If yes, what is it? .............................................................................................................................................

..........................................................................................................................................................................

..........................................................................................................................................................................

What treatment is required? ...........................................................................................................................

..........................................................................................................................................................................

Please return this page to Susan Watts or leave it at the offices of Mallee Sports Assembly, Corner of Langtree Parade and 11th Street.