



APPLICATION TO TRIAL FOR 2023 REPRESENTATIVE SELECTION

Team: Men / Women Youth League / NBL1

Trial Number (please leave blank): _____

Name: _____

Address: _____

Phone: _____ Email: _____

Next of Kin Name/s and Relationship: _____

Next of Kin Phone: _____ Next of Kin Email: _____

Date of Birth: _____ Country of Birth: _____

Height: _____ Weight: _____

Preferred playing position/s: _____

Medical Conditions: _____

Are you currently a registered member of Basketball NSW	Yes/No
Are you a returning Bulls representative player?	Yes/No
If no, have you played representative basketball for another Association?	Yes/No
Which Association did you previously play for? _____	
What age group/division and year did you last play in? _____	
Do you require a foreign player licence or interstate transfer?	Yes/No
Are you trialling for other Associations this year?	Yes/No
If yes, which ones? _____	
Do you have refereeing qualifications?	Yes/No
Would you like to referee in the future?	Yes/No

If there is anything else you would like us to know about your basketball history, please record on the back.

At the Bulls, commitment, team spirit, respect and good sportsmanship are very important to us. We warmly invite you to trial for selection for our representative programs. We would ask you to acknowledge and agree to the fact that along with inclusion in representative basketball programs, comes a number of conditions and commitments, importantly including financial, behavioural and time commitments, that we expect you to support. Please note that whilst trialling for the Inner West Bulls representative teams existing members of BNSW are covered by their normal insurance conditions. However non members are required to complete a waiver form, and trial at their own risk.

Player Name: _____

Player Signature: _____

Date: _____