## In Confidence



Name:	D.O.B:	Preferred/Nickname:
Home address:		
Suburb:	Postcode:	Home Phone:
E-mail address:		Mobile:
Family (wife / partner):	Chile	dren:
Occupation:		
Current club, team / region:		I
Years playing Touch:	Former hig	hest standard:
Preferred playing position: W	L M U	Second option: W W/L L L/M M U
Greatest moment in Touch:		
Lowest moment in Touch:		
Injury concerns: (List all that have a bearing on performance)		
Greatest (Touch-related) attributes / skills: (e.g. ball skills, fitness, agility, defence, leadership, etc)		
Worst (Touch-related) characteristic:		
Rate your playing ability (1-low to 10-high, for M30 division): 1 2 3 4 5 6 7 8 9 10		
Rate your competitive attitude (1-low to 10-high): 1 2 3 4 5 6 7 8 9 10		
List two things that are important in your life: 1.		
2.		
Describe your objective with regards to this team:		
(Thank you and please bring completed form to Camp 1 on 1-2December of send completed from back to dc)		
Interview Notes:		

Date: dc: