

National 11-a-side Football Trials

Date: Sunday, 15 February 2009
Venue: Warwick University
Time: 11:00am to 3:30pm



Nominations are invited from footballers wishing to take part in the National Mencap football trials at Warwick University on Sunday, 3 February 2008.

Fifteen players will be selected to represent Mencap in Switzerland for a European football tournament. The squad will fly to Geneva on Thursday 28 May and return on Monday 1 June 2009.

There will also be a weekend training camp in South Wales on 1 to 3 May to prepare the squad for the event. Further details of the training camp will be given to players selected on the day at Warwick.



The expected cost to players will be £240.00 which covers the cost of the training camp and all travel and accommodation in Geneva. Players selected should be prepared to pay a non-refundable deposit of £70.00 and be able to confirm their place within seven days of the trials date.

The team selected for next year's Geneva tournament will be made up predominantly of **Novice** level players. Please bear this in mind when nominating your footballers.

Eligibility:

- Players must be a member of Mencap or belong to a Mencap affiliated group
- Players must have a learning disability.
- Players must be male and over 16 years of age.
- Players should participate at a Novice ability level.

Clubs may nominate up to 8 players to participate in the trials. The closing date for nominations is **23 January 2009**. After this date, any spare places will be offered to teams that have already Nominated.



Nominations forms should be completed and returned to the address below; Directions and maps to follow.

Kathy Anstey

Mencap Sport
6A Calder Vale Road
Wakefield, W Yorkshire
WF1 5PE
or e-mail sport@mencap.org.uk by Friday, 23 January 2009.



National 11-a-side Football Trials



NOMINATION FORM

Sunday, 15 February 2009 at Warwick University

Players must be a member of Mencap or belong to a Mencap affiliated group
Players who do not belong to a Mencap group must quote their own Mencap membership number

Club Name	
Affiliated to Mencap	(Yes/No)
Mencap Region	
Contact Name	
Contact Address	
Telephone No(s)	
E-Mail Address	

Player's Name		Mencap No	
Date of Birth			
Address			
Telephone No(s)			
E-Mail Address			

Player's Name		Mencap No	
Date of Birth			
Address			
Telephone No(s)			
E-Mail Address			

Player's Name		Mencap No	
Date of Birth			
Address			
Telephone No(s)			
E-Mail Address			

Player's Name		Mencap No	
Date of Birth			
Address			
Telephone No(s)			
E-Mail Address			

Player's Name		Mencap No	
Date of Birth			
Address			
Telephone No(s)			
E-Mail Address			

Player's Name		Mencap No	
Date of Birth			
Address			
Telephone No(s)			
E-Mail Address			

Player's Name		Mencap No	
Date of Birth			
Address			
Telephone No(s)			
E-Mail Address			

Player's Name		Mencap No	
Date of Birth			
Address			
Telephone No(s)			
E-Mail Address			

DECLARATION OF MEDICAL CONDITIONS

I understand that the promoter requires me to state any known medical conditions and their management that may compromise my safety.

Known Medical Conditions and their Management:

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PHOTOGRAPHY CONSENT

Mencap may take photographs/recording of you whilst at this event. These images may appear in publicity material or websites. I consent to this – Yes / No

Please return completed forms by 23 January 2009 to:

Kathy Anstey, Mencap Sport, 6A Calder Vale Road, Wakefield, W Yorkshire, WF1 5PE