

**SUSSEX COUNTY JUNIOR BADMINTON**

**COUNTY TRIALS**

**I would like to attend the Under.....Trials on.....**

**Name.....**

**Address including  
postcode.....**

.....

.....

**Telephone Number and email  
address.....**

..... (please write clearly)

**Age and Date of Birth.....**

**School Attended.....**

**Coaching Group and Name of Coach.....**

.....

**Signature of Parent/Guardian.....**

**Before the trial date:**

**Please return this form to Mrs Jane Fenner, Bullock Down Farm  
House, Beachy Head, Eastbourne, Sussex, BN20 7XY**