



JG Craig Trials 2018-19

Contact Details

Name	<input type="text"/>	Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>		
Junior Club	<input type="text"/>				

Parent/Guardian

Name	<input type="text"/>	Email	<input type="text"/>
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Representative Teams Played

2015/16	<input type="text"/>
2014/15	<input type="text"/>
2013/14	<input type="text"/>

Batting (Please Circle)

RH LH
Opener Top Order Middle Order Lower Order

Bowling Type (Please Circle)

RAFM RAM RAOS RALS
LAFM LAM LAOS LALS WKT

Please send completed forms to seniors@bcc1842.com.au