



Central North Rugby Union Inc.

TRIAL/TOURNAMENT OUTSIDE CNRU AREA

APPLICATION FORM

CLUB _____

Tournament or Trial Opponent _____

Location _____

Date _____

Approval sought by _____ (Signature)

(Position)

(Club)

(Date)

Contact Telephone No: _____

Approval granted/denied: _____

David Rodgers
CNRU Secretary

This information should reach the CNRU Secretary by e-mail
centralnorthrugby@hotmail.com at least
10 days prior to the trial.