



Central North Rugby Union Inc.

OFFICIAL TRIALS

CLUB _____

VS _____

VENUE _____

DATE OF TRIAL _____

STARTING TIME _____

NUMBER OF HALVES _____

DURATION OF HALVES _____

REFEREE REQUIRED?

YES

NO

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.