

# Zone Girls' Football Trial 2025



**Attention: School Principals/Sports Coordinators**

- Date** Tuesday, 3 June 2025 Time 4:00 pm – 5:00 pm
- Who** Up to 3 senior players of **outstanding ability** per school
- Equipment** Water bottle, Shin Guards and Football Boots
- Venue** Centenary Park, Croydon
- Convener** Andrew Hutchinson (Croydon Public School)  
[andrew.hutchinson15@det.nsw.edu.au](mailto:andrew.hutchinson15@det.nsw.edu.au)  
(P) 9747 5457

## **Additional Information**

At the conclusion of the IWPSSA trials, a 12-member squad will be selected which will then proceed to participate in the Sydney East Regional Trials on Thursday, 26th June 2025 at Kareela Oval, Princes Highway, Kareela. Additional details of the Regional Trials would be given out to the players who get selected following the zone trials.

**SCHOOLS ARE TO SEND UP TO 3 ONLY SENIOR (11-12 yrs old) PLAYERS OF REPRESENTATIVE ABILITY** (players are members of a SAP or Division 1 team).

Junior players are not eligible for selection.

Regards,  
Andrew Hutchinson  
Girls' Football (Soccer) Convenor, IWPSSA

## 2025 Inner West Zone Girls' Football Trial Permission Note

**Tuesday, 3 June 2025**

4:00 – 5:00 pm



Arrive earlier to get your name marked off.

Centenary Park, Queen St & Lang St, Croydon NSW 2132

I give permission for my child \_\_\_\_\_ from  
\_\_\_\_\_ Public School to participate in the  
IWPSSA Zone Senior Girls Soccer Trials to be held at **Centenary Park, Burwood**  
on **Tuesday, 3 June 2025**. I am also aware that my child may participate in  
the subsequent Sydney East regional trials (to be held on Thursday, 26 June  
2025 at Kareela Oval) following a successful selection into the Inner West  
PSSA Zone team. **I also understand that I am responsible for the transportation  
of my child to and from the venues.**

### Student Details:

Student Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Preferred position/s \_\_\_\_\_

Have you played in a Reps/Zone football team before? **Yes / No**

If so, which team/s and position/s \_\_\_\_\_

Parents/Caregivers Full Name \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Does your child have a **medical condition** that could affect them at this trial? **YES NO**

Details of Medical Condition:

\_\_\_\_\_  
\_\_\_\_\_

**Please complete the entry form and send it back to your school's sports  
coordinator to be signed and emailed to me by Friday, 30 May 2025**