



# THE HOLY TRINITY CHURCH OF ENGLAND SECONDARY SCHOOL

Buckswood Drive, Gossops Green, Crawley, RH11 8JE, 01293 423690.

ORANGE

## BASKETBALL REFERENCE

### FROM COACH

#### This section to be completed by the APPLICANT:

NAME OF CHILD .....

PARENT/GUARDIAN .....

ADDRESS .....

.....

#### This section to be completed by the COACH:

This reference is made in the following category *(please tick as appropriate)*:

- ☐ has played National League Level Basketball
- ☐ has attended weekly training with a recognised Basketball team
- ☐ has been a member of the team for ONE full year
- ☐ None of the above

1 Child's Basketball Registration Number:

.....

2 Name and address of team: .....

.....

.....

Name of referee .....

Status within organisation .....

Signed .....

Tel. No & Email Address .....

.....

Team Stamp

THE REFEREE SHOULD PLACE THIS REFERENCE IN A SEALED ENVELOPE *(provided by applicant)*  
AND RETURN IT TO THE APPLICANT OR DIRECTLY TO THE SCHOOL BY **31<sup>ST</sup> OCTOBER 2024**.

If you have any queries about completing this form please contact [admissions@holytrinitycrawley.org.uk](mailto:admissions@holytrinitycrawley.org.uk)  
THANK YOU VERY MUCH FOR COMPLETING THIS FORM.