**ORANGE** 



## THE HOLY TRINITY CHURCH OF ENGLAND SECONDARY SCHOOL

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

## **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 attended weekly training with a recognised Basketball team $\square$ has been a member of the team for ONE full year $\square$ None of the above Child's Basketball Registration Number: 1 2 Name and address of team: ..... Team Stamp Name of referee Status within organisation Signed Tel. No & Email Address 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 31ST OCTOBER 2025.