



Irish Rugby Football Union

Player Registration Form

School

PLEASE USE BLOCK CAPITALS ONLY

School Name: _____

First Name _____ Surname _____

Date of Birth __ (DD /MM/YYYY) _____

PREVIOUS CLUB RECORD

If you have previously played rugby with a club, please confirm the following:

Club Name _____

When did you last play with this club? _____

What is your Registration number: _____