MANAWATU RUGBY

MRU Representative Team Player Nomination Form

UNDER 20s

Club/School: _____

Contact Person: _____

Contact Phone Number: _____

Players must be under the age of 20 on 1st January 2010

Name	Position	Grade and team

Return forms to:
Community Rugby Manager
Manawatu Rugby
PO Box 1729
Palmerston North
Fax: (06) 354 1670
Email: info@manawaturugby.co.nz