



TFC ACADEMY – Letter of Recommendation

Coach's Information

Coach's Name:		Club & Team Name	
Address:		Town/City:	
		Postal Code:	
Home Number:		Technical Director	
Mobile:		Phone:	
E-mail:		E-mail:	

To be completed by Recommending Club Coach – Tell us why this player should be given a trial			
Signature:		Dated:	

Player Information

Player Name:		Parent(s) Name	
Address:		Town/City:	
		Postal Code:	
Home Number:			
Mobile:			
E-mail:		Date of Birth	Day Month Year

To be completed by Player		
What makes you a good player?	Height (ft/in):	
	Weight (lbs):	
	Playing Position:	
	Dominant Foot:	
	List Known Injuries:	
Signed:		Dated: