



# Tryout Registration Form – 2017

(Please complete and bring to tryouts)

## Player Information (please print or type)

<b>Player's Name:</b>	
<b>Parent's Name:</b>	
<b>Address:</b>	
<b>City, State, ZIP:</b>	
<b>Telephone (home):</b>	
<b>Telephone (cell):</b>	
<b>E-Mail address:</b>	
<b>Birth date:</b>	
<b>Age as of December 31<sup>st</sup>, 2016:</b>	

<b>Trying out for:</b>	<b>10U 12U 14U 16U 18U (circle all that apply)</b>
<b>Played travel ball before:</b>	<b>YES NO</b>
<b>If yes, team name and coach (most recent):</b>	<b>Team(s): _____ Coach(es): _____</b>
<b>Positions played:</b>	<b>P C 1B 2B SS 3B OF (circle all that apply)</b>
<b>Bats:</b>	<b>Left / Right / Both</b>
<b>Throws:</b>	<b>Left / Right</b>
<b>Any additional information to note about player:</b>	

**Will player be trying out for pitching? Yes / No**

**Will player be trying out for catching? Yes / No**