



Tryout # _____

Tryout Registration Form

Player Name: _____ Phone: _____ Email: _____

Age Group (check one): 11u___ 12u___ 13u___ 14u___ 15u(2020)___ 16u(2019)___ 17u(2018)___

Player Information

Date of Birth: _____ School: _____ Grade: _____

Primary Position: _____ Secondary Position: _____

Bats: Right ___ Left ___ Throws: Right ___ Left ___

Team Played for Last Year: _____

Parent Contact Information

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____