 **Mock Tryout Registration Form** 

Saturday, Oct 15 at St. Louis Community College at Meramec 1-3pm (limit to 40)
11333 Big Bend Blvd
Kirkwood, MO 63122

Attendee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Cell Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate (including year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost: $10 per player

If you have any questions or comments, contact Chris Clauss at the Gateway Region office at 314-849-1221 or cmwarner24@aol.com. Please note, you will need to turn in a signed and completed 2017/2018 Medical Release Form to participate. The form may be found on our homepage, or under Publications/Junior Forms: <http://www.gatewayvb.org/page/show/2989103-junior-forms> You will bring this form to the Mock Tryout and turn in at Check-in.

Mail form to: Mock tryout

 Gateway Region Office

 10075 Bauer Rd

 St. Louis, MO 63128

Fax form to: 314-849-7865

Email form to: cmwarner24@aol.com