



Tryout Application 2019-2020

Tryout Fee \$40

Name: _____

Address: _____

Phone: _____

Email: _____

DOB: _____

Trying out for: U12 _____ U14 _____ U16 _____ U19 _____

Present Team: _____

Position: _____

Parents Name(s): _____

Payment:

Cash: _____ Check: _____

Credit Card(vs or mc) : _____ Exp: _____ CEP #: _____