



Victoria Fastball Club (Devils)
2020 Team Tryouts
Registration Form

Player's Name: _____

Age: _____ Birthdate: _____

Previous Association: _____

Parent Information

Name(s): _____

Address: _____ Postal Code: _____

Phone: _____

Email: _____

**Please bring this form completed to tryouts*

For VFC use only:

U12		U14		U16		U19	Shirt #
09	08	07	06	05	04		