


PEACE

a program of 

SPRING 2026 AAU BASKETBALL TRYOUT REGISTRATION

Family Name: _____

Parent/Guardian Name(s): _____ & _____

Player 1 Name: _____

Date of Birth: _____ 2025-2026 School Year Grade: _____

Player 2 Name: _____

Date of Birth: _____ 2025-2026 School Year Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian 1 Email: _____

Parent/Guardian 2 Email: _____

Please indicate which tryout dates and times your child(ren) will be attending:

Player Name (1) : _____ Date: _____ Time: _____

Player Name (1) : _____ Date: _____ Time: _____

Player Name (2) : _____ Date: _____ Time: _____

Player Name (2) : _____ Date: _____ Time: _____

Team registration fee is due upon selection for a team.
Please return this form to Mo Concepcion at mconcepcion@stamfordjcc.org.