



# Tryouts REGISTRATION FORM



NOTE: Please respond to all information requested and complete all boxes or indicate 'NA'. Please print clearly.  
Tryouts Fee is Non-refundable

## PLAYER EXPERIENCE

College/s: \_\_\_\_\_ Years: \_\_\_\_\_

Pro Teams: \_\_\_\_\_ Years: \_\_\_\_\_

Awards/Achievements/Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PLAYER

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Preferred Communication:  Email  Phone

Bats:  L  R  S Throws:  L  R  S Primary Position: \_\_\_\_\_

Secondary Position: \_\_\_\_\_ Alternative Position: \_\_\_\_\_

## INTERNAL USE ONLY: PLAYER NOTES:

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