



# TRYOUT REGISTRATION FORM

# 2009

<b>Player name</b>			
<b>Age</b>	<b>Birth Year</b>	<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>
<b>Home phone</b>			
<b>E-mail</b>			
<b>Parent / Guardian Name (please print)</b>			
<b>Parent / Guardian Signature</b>			
<b>Team Coach Name</b>			
<b>Team Number</b>			