



2020-2021 Tryouts Registration Form

Please fill out and bring to the tryouts

Player First Name: _____

Player Last Name: _____

Graduation Year: _____

Positions Played: _____

Throwing Hand (R/L): _____

Batting Side (R/L): _____

Former Team(s): _____

Player Phone/Email: _____

Parent/Guardian Name: _____

Phone: _____

Email: _____

Tryout Notes (for coaching use only):