

# PRE-TRY OUT CAMP REGISTRATION



<b>PLAYERS NAME:</b>	
<b>DATE OF BIRTH:</b>	
<b>EXPERIENCE:</b>	
<b>PARENTS NAME:</b>	
<b>STREET ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>EMAIL ADDRESS:</b>	
<b>HOME PHONE:</b>	
<b>CELL PHONE:</b>	

**PAID:**

**INT:**

**CHECK:** \_\_\_\_\_ **CHECKNUMBER:** \_\_\_\_\_

**OR CASH:** \_\_\_\_\_