



Jersey Cardinals
TRYOUT REGISTRATION FORM
FOR YEAR 2018



TRYOUT NUMBER:

FILL OUT ALL INFORMATION LEGIBLY AND ACCURATELY

Player's Name			
Address			
City, State Zip Code			
<u>Main Contact Phone Number</u>			
Birth Date		Current Grade:	
<u>Main Contact Email Address</u> <u>Please print neatly & legibly.</u>			
Parent Name		Cell No.	
		Email Address	
Parent Name		Cell No.	
		Email Address	
School Name & City			

If returning player check here and complete this section

2017 Team: _____ Jersey Number: _____

2017 Coach: _____

INTERNAL USE ONLY		
<p><i>Tryout Dates Attended</i> 3rd – 8th Grade</p> <p><input type="checkbox"/> February 3, 2018 <input type="checkbox"/> February 10, 2018</p>	<p>2018 Tryout Fee: \$25.00</p> <p><i>Paid In Full: Check No. _____ or Cash</i></p>	<p><u>Team Assigned To</u></p>