



Jersey Cardinals
HIGH SCHOOL
TRYOUT REGISTRATION FORM
FOR YEAR 2019



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 CARDINALS player check here and complete this section

2018 Team: _____ Jersey Number: _____

2018 Coach: _____

INTERNAL USE ONLY

<p><i>Tryout Dates Attended</i></p> <p><input type="checkbox"/> Feb 24, 2019</p> <p><input type="checkbox"/> March 4, 2019</p>	<p>2019 Tryout Fee: \$25.00</p> <p>Paid In Full: Check No. _____ or Cash</p>	<p style="text-align: center;"><u>Team Assigned To</u></p>
--	---	---