

Pinny #



PLAYER INFORMATION / TRYOUT FORM FOR 10U/12U TEAM

Player's Name:	
Date of Birth:	
Grade & School Name	
Home Address (Street, City, State, Zip)	
Home Phone:	
Father's Name:	
Father's Cell:	
Father's Email:	
Mother's Name:	
Mother's Cell:	
Mother's Email:	
Any Health Issues?:	
Top Size:	
Pant Size:	
Bats / Throws:	
Player's Requested Number (Give 3): In order of preference	
Positions Played:	
Pitching Coach (if applicable):	
Hitting Coach (if applicable):	
Other Coach (if applicable):	
Previous Softball Experience:	

PLEASE WRITE LEGIBLY OR WE MAY NOT BE ABLE TO CONTACT YOU!