

Tryout #:



TIGERS TRYOUT FORM

Desired Age Group: _____

Players Name: _____

Parents Name(s): _____

School: _____

Grade: _____ Birthdate: _____

Player's Phone: _____

Mom's Cell Phone: _____

Dad's Cell Phone: _____

Players E-Mail: _____

Mom's E-Mail: _____

Dad's E-Mail: _____

Summer Team: _____

Top 3 positions: 1 _____

2 _____

3 _____

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