



2019 Travel Soccer Tryout Form

Last Name: _____

First Name: _____

Date of Birth: Year _____ Month _____ Day _____

Home Address: _____

City: _____ Postal Code: _____

Email Address: _____

Home Phone: _____

Alternate Phone: _____

What age/division/team is the player trying out for? _____

Has the player played travel soccer previously? YES NO

If yes, what Club/Team? _____

If yes, how many years? _____

Parent/Guardian Signature: _____

Today's Date: _____

Tryout Fee of \$25.00 Paid: YES NO

