



## 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

