



Tryout Fee: \$50.00 (cash, check or Eventbright)

NO REFUNDS WILL BE ALLOWED AND NO EXCEPTIONS!

Name: _____

Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____

Email Address: _____

PLEASE WRITE CLEARLY AS THIS IS THE PRIMARY METHOD OF CONTACT

Are you a US Citizen?: Y N If not, do you have a green card? Y N

Position Played: _____ Height: _____ Weight: _____

Please list any injuries you have had over the last three (3) years: _____

Soccer Experience:

Club and League: _____ Years at Club: _____

Club and League: _____ Years at Club: _____

College Experience:

College Attended: _____ Years Played: _____

High School Experience:

High School Attended: _____ Years Played: _____

Tryout Payment: Date: _____ Check: ___ Cash: ___ Eventbright _____

Player Signature: _____