



2008 – 2009
SASA
Travel Tryouts



PLAYER REGISTRATION SHEET

I WISH TO TRYOUT FOR: U - _____

Name: _____ Date of Birth: _____

School in Fall 2008: _____ Grade in fall: _____

Address: _____

Parent(s)/Guardian Names(s): _____

Address: _____

Contact #'s: HOME: _____ WORK _____
PARENT CELL: _____ PLAYER CELL: _____

PLAYER'S E-MAIL ADDRESS: _____

PARENT'S E-MAIL ADDRESS: _____

of years playing soccer: _____ Where? _____

Last season's coach: _____

Favorite Position: _____ Best Position: _____

Are you a goalie? _____

Are there any school sports that you will be playing in the fall? _____
If so, which? _____

Are there any school sports that you will be playing in the spring? _____
If so, which? _____

Information you would like the evaluators to know about you: _____

<p>PLAYER Tryout # :</p>
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