



TRAVELING TRYOUTS REGISTRATION FORM

Last Name _____ First Name _____ M I _____

Birth date _____ Gender (circle): M / F

Please check the appropriate MYSA Age Group below.

Check here if you are requesting to play up an age group (w/grade):

Highest Playing Level to be

Considered For:

- Premier
- C1
- C2
- C3

Born Between Dates

- U11 8/1/1999 – 7/31/2000
- U12 8/1/1998 – 7/31/1999
- U13 8/1/1997 – 7/31/1998
- U14 8/1/1996 – 7/31/1997

Born Between Dates

- U15 8/1/1995 – 7/31/1994
- U16 8/1/1994 – 7/31/1995
- U17 8/1/1993 – 7/31/1994

Mother's Name _____ Home Phone _____

Cell Phone _____

Father's Name _____ Home Phone _____

Cell Phone _____

Street Address _____ City _____ Zip _____

Email address _____

Current Club _____

Level Played this Season _____

\$30 Tryout Fee PD _____ Cash/Check

Credit Card _____ exp. ____/____

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Fax (952)475-8262