

ARIZONA STORM

Try-Outs

Mark With An "X" The Age Group You Are Trying Out For!

12's _____ 13's _____ 14's _____ 15's _____ 16's _____ 17's _____ 18's _____

If you are selected to play on a travel team, are you able and willing to travel?

YES

NO

PLAYER:

First Name _____ Last Name _____ Birthday _____

Age: _____ Grade: _____ Height: _____ Position: _____ Right/Left Hand: _____

Email Most Frequently Checked: _____

PARENTS:

Mothers Name: _____ Cell: _____

Address: _____ City & Zip: _____

Father's Name: _____ Cell: _____

Address: _____ City & Zip: _____

Office Use Only:

Email Confirmation Attached: _____ If not must fill out Membership form!

Membership Form: _____ \$7 Ck # (to AZ Region) _____

Medical Release Form: _____

Release and Waiver: _____

Storm Try Out Form: _____ \$30 Try out Fee Pd: Check# _____ Cash _____

\$500 Initial Deposit Ck # _____ \$500 Travel Deposit Ck # _____