



Metro American Tryout Walk In Registration

Please fill out this form *COMPLETELY*.

Age Division: _____

Tryout Number: _____

Athlete's Name _____ Birthdate ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____ Height: _____

Athlete's Home Tel: (____) ____ - _____ Athlete's Cell: (____) ____ - _____

Athlete's email: _____

School: _____ Grade: _____ High School Graduation Year: _____

Positions played: _____ Dominate Hand: R L

Mother's Name: _____

Mother's Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Father's Name: _____

Father's Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Tryout date and location _____

Team Trying Out For _____

Walk-In Tryout Fee is \$25

Payment: (Check or Cash) Amount _____ Check Number _____