



Circle One:		
10U	12U	14U
16U	18U	

INFORMATION FORM for EAST COAST TSUNAMI TRY-OUT

ATHLETE (full name): _____

Age: _____ Birth Date: _____

School: _____ Grade: _____

Former Team: _____

Primary Position: _____ Secondary Position: _____

Address: _____

Player's Name: _____ Player's Cell: _____

Player's Email: _____

Father's Name: _____ Father's Cell: _____

Father's Email: _____

Mother's Name: _____ Mother's Cell: _____

Mother's Email: _____