



Central Jersey Cardinals
TRYOUT REGISTRATION FORM
 FOR YEAR 2012



TRYOUT NUMBER:

FILL OUT ALL INFORMATION LEGIBLY AND ACCURATELY

Player's Name			
Address			
City, State Zip Code			
Main Contact Phone Number			
Birth Date		Current Grade:	
Main Contact Email Address <i>Please print neatly & legibly.</i>			
Parent Name		Cell No.	
		Email Address	
Parent Name		Cell No.	
		Email Address	
School Name & City			
If returning player check here			
<input style="width: 50px; height: 20px;" type="checkbox"/>			
Team: _____ Jersey Number: _____			
Coach: _____			

INTERNAL USE ONLY

<i>Tryout Dates Attended</i> <input type="checkbox"/> February 11, 2011 <input type="checkbox"/> February 18, 2011 <input type="checkbox"/> February 25, 2011	2012 Tryout Fee: \$20.00 Paid In Full: Check No. _____ or Cash	<u>Team Assigned To</u>
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