

HOLDEN YOUTH SOCCER

SPRING 2011 TRYOUT REGISTRATION FORM

NUMBER ISSUED AT TRYOUT: _____

PLAYER NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ E-MAIL ADDRESS (Important): _____

PREVIOUS SPRING SOCCER EXPERIENCE: _____

ALL TEAMS YOU CURRENTLY PLAY ON: _____

FIELD POSITIONS YOU TYPICALLY PLAY: _____

WILL YOU ALSO BE PLAYING ON ANY OTHER SPRING 2008 SOCCER TEAM (FOR
EXAMPLE: "MAPLE" OR "Y LEAGUE") OR ANY OTHER SPORT? _____

WILL YOU BE AVAILABLE TO PLAY (CIRCLE ANSWER):

INDOOR SOCCER IN WINTER YES NO

MEMORIAL DAY WEEKEND TOURNAMENT YES NO