

LONGSHOTS BASEBALL

Longshots Baseball Tryout Registration Form

Player Contact Information

High School Graduating Year <input style="width: 150px; height: 25px;" type="text"/>	Tryout Number (to fill out at check-in) <input style="width: 80px; height: 25px;" type="text"/>
Player's Name _____	Date of Birth _____
Address _____	
City _____	State _____
Zip _____	
Cell Number _____	E-Mail Address _____

Parent Contact Information

Father's Name _____	Mother's Name _____
Home Number _____	Home Number _____
Work Number _____	Work Number _____
Cell Number _____	Cell Number _____
E-Mail Address _____	E-Mail Address _____
Best Number for Contact Home Work Cell <small>Circle One</small>	Best Number for Contact Home Work Cell <small>Circle One</small>

Team this past summer _____	School for Coming Year _____						
Grade for Coming Year _____	Player's Preferred Positions: _____ _____ _____						
Bats <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr> <td style="width: 40px; text-align: center;">L</td> <td style="width: 40px; text-align: center;">R</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	L	R					
L	R						
Throws							

For new players, how did you hear about us (check all that apply):

<input type="checkbox"/> Player's friend <input type="checkbox"/> Family friend <input type="checkbox"/> Longshots Baseball website	<input type="checkbox"/> Coach recommendation (who?) _____ <input type="checkbox"/> High school teammate <input type="checkbox"/> Other (please describe) _____
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