



M T B M USTANGS

2010 Season Application



Player Information:

Name: _____ Age: (as of 9-1-09) _____

Birthdate: ____/____/____ Grade in school: _____

Hat Size: (circle one) Adult: S M L XL Youth: S M L XL

T-Shirt Size: (circle one) Adult: S M L XL XXL Youth: S M L XL

Family Information:

Parent Names: _____

Address: _____ City: _____ Zip: _____

Subdivision: _____ Are you interested in Car-pooling? Y / N

Phone: (H) _____ Cell: _____ W: _____

Email(s): _____ / _____ / _____

(Your email address(es) will be used by the Mustang organization to communicate important information from the coaches and staff. It will never be distributed to outside interests.)

Varsity/ JV only: Has your son played for any other Homeschool teams in the past 18 months? Y / N

If so, when and where: _____

NOTE: If you have not previously completed one – You MUST complete the attached Medical Release before participating in ANY Mustang activity – including tryouts.

For Office only: Birth Certificate: _____ New Player: _____ Medical Release: _____