



Tryouts for 2007 – 2008 Season

Candidate Information

Note: All information you provide will be held in strictest confidence.

Player Name:	Birthdate:	month	day	year
		/	/	19__
Parent Name(s):				
Address:				
City:	State:	ZIP:		
Tel:	Email:			
What is your current or most recent soccer team? _____				
League (WAGS, ODSL)? _____ Division: _____ Age group for 06-07: U- _____				
What other teams have you played for? (list most recent first)				
Team:	_____	League:	_____	Division: _____ When? _____
Team:	_____	League:	_____	Division: _____ When? _____
Team:	_____	League:	_____	Division: _____ When? _____
What position do you play most?				
Anything else we should know about you?				
Reserved: Coaches' notes				