Tryout Form
(PLEASE PRINT CLEARLY)

Athlete's Full Name: _____
(Exactly as it appears on birth certificate)

Child's Date of Birth: _____ Height: _____ Weight: _____

Throws with: Left Right Both
(Circle one)

Bats with: Left Right Both
(Circle one)

Positions played: (Circle all that apply) P C 1B 2B 3B SS OF

Previous Select Experience (Please list team names and coaches):

_____
_____
_____

Mailing Address: _____
City: _____ Zip Code: _____
Home Phone Number: _____
Primary Email Address: _____
2nd Email Address: _____
Father's Name: _____ Cell Phone: _____
Mother's Name: _____ Cell Phone: _____

(For Futures Baseball Staff Only)

Infield	Outfield	Throwing	Pitching	Hitting
Fundamentals 1 2 3 4 5	Fundamentals 1 2 3 4 5	Fundamentals 1 2 3 4 5	Fundamentals 1 2 3 4 5	Fundamentals 1 2 3 4 5
Quickness 1 2 3 4 5	Speed 1 2 3 4 5	Strength 1 2 3 4 5	Speed 1 2 3 4 5	Bat Speed 1 2 3 4 5
Ball Transfer 1 2 3 4 5	Accuracy 1 2 3 4 5	Accuracy 1 2 3 4 5	Accuracy 1 2 3 4 5	Contact 1 2 3 4 5
	Running 60yd:	**Pop time:**	Off Speed 1 2 3 4 5	Power 1 2 3 4 5

Notes

_____
_____
_____
_____