

LONGSHOTS BASEBALL

Longshots Baseball Tryout Registration Form

Player Contact Information

High School
Graduating Year

Tryout Number
(to fill out at check-in)

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

Circle One

Best Number for Contact

Home Work Cell

Circle One

Team this past
summer _____

School for
Coming Year _____

Grade for Coming
Year _____

Player's Preferred
Positions: _____

Bats L R
Throws

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

☐ Player's friend
☐ Family friend
☐ Longshots Baseball website

☐ Coach recommendation (who?) _____
☐ High school teammate
☐ Other (please describe) _____

