



PLAYER INFO FORM 11/12

TRYOUT #

**TO BE FILLED OUT BY
LT STAFF**

NAME: _____

SCHOOL: _____

GRADE: _____

POSITION: _____

ADDRESS: _____

CITY/ZIP: _____

HEIGHT: _____

D.O.B.: / /
mm/dd/yyyy

HOME PHONE: () _____

HS GRAD YEAR: _____

2ND PHONE #: () _____

EMAIL: _____ @ _____

CELL: () _____

() _____

WHAT CLUB, IF ANY DID YOU PLAY FOR IN 2010/11 _____

PLEASE PRINT VERY CLEAR. THIS IS THE INFORMATION WE USE TO CONTACT YOU AFTER TRYOUTS

DO NOT WRITE BELOW LINE. EVALUATOR NOTES:

