

**14U Tryout (Circle 1): Coach Mike Brocki
Coach Shane Moses
Coach Albert Sethman
Any 14u Team**



Primary Position: _____
Secondary Positions: _____
Pitches (Speed/ Pitch): _____

Bat: L / R / Both
Slap: Y or N

Player's Name: _____

Address: _____

City/Zip Code: _____

Parent's Names: _____

Mom's Email Address: _____

Dad's Email Address: _____

Player's email Address: _____

Home Phone: _____

Mom's Cell Phone: _____

Dad's Cell Phone: _____

Any other contact #'s we need to know: _____

Date of Birth: _____ Current/Future HS: _____ HS Grad Year: _____

Colleges you are communicating with (If Any): _____

Athletic Accomplishments: _____

Prior Travel Ball Teams (team, year & age group): _____

Hitting Instructor: _____ Fielding Instructor: _____

Pitching Instructor: _____ Speed Training: _____

Other Sports Currently Playing: _____

Medical issues you think we may need to know about (eg. Asthma): _____

Anything else you think we may need to know about you: _____

