



Connecticut Angels Softball

PLAYER NAME: _____ HOME PHONE: _____

ADDRESS: _____ PLAYER CELL: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PLAYER EMAIL: _____ DATE OF BIRTH: _____

One email address for tryout result notification: _____

MOMS NAME: _____ MOMS CELL: _____ MOMS EMAIL: _____

DADS NAME: _____ DADS CELL: _____ DADS EMAIL: _____

SCHOOL GRADE LEVEL ENTERING IN FALL? _____ NAME OF SCHOOL ATTENDING? _____

POSITIONS YOU PLAY? 1. _____ 2. _____ 3. _____ 4. _____

UNIFORM SHIRT SIZE? _____ UNIFORM SHORT SIZE? _____

LIST THREE UNIFORM NUMBER CHOICES: 1. _____ 2. _____ 3. _____

WHAT WAS YOUR PREVIOUS TEAM/ORGANIZATION YOU PLAYED FOR LAST YEAR? _____

Please read and sign:

I, and my family, agree that if I am selected to a Connecticut Angel team – and if I accept to play - payment must be made on time. I am also aware that all payments are non-refundable, whether or not I remain with the program/team for the duration of the season.

Payment schedule is as follows: First installment due August 30th ...Second installment due November 30th ... Third & final installment due Feb. 28th.

Player Signature

Parent's signature

Date