



Baltimore Bays Tryout Information Form

Please print clearly Seasonal Year 2008 Date _____

Bays Team Trying Out For _____

Player Name _____

Address _____

City _____ State _____ Zip Code _____

Player Date of Birth ____/____/____ Age ____ B ____ G ____

Player Phone Number _____

Player E-mail _____

Father/Guardian Name _____

Address (if different) _____

City _____ State _____ Zip Code _____

Father/Guardian Phone Number _____

Father/Guardian E-mail _____

Mother/Guardian Name _____

Address (if different) _____

City _____ State _____ Zip Code _____

Mother/Guardian Phone Number _____

Mother/Guardian E-mail _____