



Fall AAU 2008
Tryout Registration Form

Check off division you are trying out for:

<u>Boys</u>
<input type="checkbox"/> 9U <input type="checkbox"/> 10U <input type="checkbox"/> 11U <input type="checkbox"/> 12U
<input type="checkbox"/> 13U <input type="checkbox"/> 14U <input type="checkbox"/> 15U <input type="checkbox"/> 16U

<u>Girls</u>
<input type="checkbox"/> 10U <input type="checkbox"/> 11U <input type="checkbox"/> 12U
<input type="checkbox"/> 13U <input type="checkbox"/> 14U

Name: _____

Age: _____ D.O.B.: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone : _____ Cell Phone: _____

Email 1: _____

Email 2: _____

AAU teams you have played on in the past:

