



Victoria Fastball Club (Devils)  
2019 Team Tryouts  
Registration Form

Player's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Previous Association: \_\_\_\_\_

Parent Information

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*\*Please bring this form completed to tryouts*

*For VFC use only:*

U12		U14		U16		U19	Shirt #
08	07	06	05	04	03		