
Cloverdale Fury Rep Team

Tryout Registration Form - 2021 Season

Age group trying out for: A B or Both

U12 (2009/2010) U14 (2007/2008)

U16 (2005/2006) U19 (2002/2003/2004)



Contact Information

Player First Name:*

Player Last Name:*

Phone Number:*

Email address:

Date of Birth (yyyy/mm/dd)

____/____/____

Address Information

Address:

City: _____

Postal Code: _____

Parent's Information (if participant is under 18)

Parent's/Guardian's #1 name:

Cell number:

Parent's/Guardian's #2 name:

Cell Number:

Other Information

Did you play in 2020?

Yes No

2020 Association: _____

SBBC Membership Number: _____

Primary position: _____

Secondary position: _____

Other activities/sports involved in:

Thank you for your interest in the Fury tryouts. Good Luck!