
Cloverdale Minor Softball Association

Fury Rep Tryout Registration Form - 2020 Season

Sept 2-6, 2019

U12 2008-2009 U14 2006-2007 U16 2004-2005 U19 2001-2003



Contact Information

Player First Name:*

Player Last Name:*

Phone Number:*

Email address:

Date of Birth (yyyy/mm/dd)

____/____/____

2020 Age Group trying out for: A or B

U12 U14 U16 U19

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 2019?

Yes No

2019 Association: _____

SBBC Membership Number: _____

Primary position: _____

Secondary position: _____

Other activities/sports involved in:

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