



**TRY OUT APPLICATION**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**2008-2009 Team(s):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Grade:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Shot (R or L):** \_\_\_\_\_

**Player Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Player's Email:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

**Father's Cell:** \_\_\_\_\_ **Mother's Cell:** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Parents E-mail 1:** \_\_\_\_\_

**Parents E-mail 2:** \_\_\_\_\_

Please mail your Tryout Fee Check of \$85.00 made out to: **Team Ohio**  
along with this form to:

**Ryan P. Wilson  
4261 Carl Court  
Willoughby, OH 44094**