

Tryout Date



Tryout Form for OC Elite Team _____

Please print, complete form and present at Tryout.

Player Name:	Fathers Name:
	Mother Name:
Player DOB:	Current Grade:
Street Address:	City, Zip Code:
Home Phone No.	Father Cell:
E-Mail #1	Mother Cell:
E-Mail #2	Player Cell:

Please have player complete the information below.

Please Circle

Throws: Right-handed Left-Handed

Swings: Right-handed Left-handed Both

Bunts: Right-handed Left-handed Both **Slapper:** Yes No

Years of Experience:
City /Rec League (s):
Prior Travel Ball Team (s):

Please circle all that apply

Positions Player Can Player P C 1st 2nd 3rd SS LF CF RF

Please Circle ONE

Seeking Primary Position P C 1st 2nd 3rd SS LF CF RF

Secondary Position P C 1st 2nd 3rd SS LF CF RF

Supplemental Coaching Lesson: (Please circle All the apply and add if not listed)

Pitching Hitting Fielding Strength/Conditioning Other _____

Are the lessons current and regularly scheduled? Yes No If No, Please explain why: _____
