

**BAY STATE THUNDER SOFTBALL
TRYOUT APPLICATION
Summer 2011**

Player Name: _____ Nickname: _____

Parent Name(s): _____

Street Address: _____

City: _____ ZIP: _____

Email Player: _____

Email Parent: _____

Home Phone No.: (____) _____ Parent Cell Phone No.:(____) _____

Birth date: _____ Age as of December 31, 2010: _____

Position(s) trying out for: _____

Previous high school & tournament team experience (if applicable):

Please provide any information that the coaches should be aware of that may impede your daughter's ability to play or compete in any game or practice. This includes both health issues or known schedule conflicts with tournaments or practices in Braintree during the summer.

How did you hear about our program and try-out? _____

(All personal information supplied and contact with The Bay State Thunder program will be held strictly confidential. Thank you for trying out for our program.)