

Saucon Phoenix Fastpitch

2019-20 PLAYER TRYOUT INFO

PLEASE PRINT

Player's Name: _____ Date of Birth _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email(s) _____

School Attending: _____ Grade: _____

Parent/Guardian
Name(s): _____

Parent(s)' Cell Phone
Number(s) _____

Positions Trying
Out For: _____

Please check one:

16U _____ **18U** _____