

BAY STATE THUNDER SOFTBALL  
TRYOUT APPLICATION

Player Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Player: \_\_\_\_\_

Email Parent: \_\_\_\_\_

Home Phone No.: (\_\_\_\_) \_\_\_\_\_ Parent Cell Phone No.:(\_\_\_\_) \_\_\_\_\_

Birthday: \_\_\_\_\_ Age as of January 1, 2009: \_\_\_\_\_

Position(s) trying out for: \_\_\_\_\_

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