



**Harrisonburg Hornets Tryout Registration Form
2015-2016 Season**

Contact Information

Player's Full Name: _____

Date of Birth: ____/____/____ (month/day/year)

Age on August 31, 2015: _____

School: _____ **Grade:** _____

Free or Reduced Lunch (please circle) Y / N

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Phone _____ : (_____) _____ **Text? Y / N**

Phone _____ : (_____) _____ **Text? Y / N**

Address: _____

Email: _____

Email: _____

If Parents/Guardians not available - Emergency Contact Information:

Name, cell phone # and relationship to player.

For Office Use Only –

Uniform Size: _____ (YM, YL, YXL, AS, AM, AL, AXL.....Ladies S, M, L, XL)