



EXPRESS AAU 2021
9u-15u
Tryout Registration Form

Name: _____ AGE _____ DOB: _____

E-mail: _____

Address _____ City: _____ State: _____ ZipCode: _____

Primary phone: (____) _____ Secondary phone(____) _____

I am trying out for the _____

Please mention all of your baseball experience through 2020. List any leagues and or AAU programs that you have played for. Also please indicate positions played.

Signature: _____ Date: _____ Parent/Guardian