

CHEYENNE JUNIOR LEAGUE 2018 ALL-STAR TRYOUTS

(Please write legibly)

Player Name: _____

Date of birth: _____

Age as of April 30, 2018: _____

Height: _____ Weight: _____

Bats: _____ Right

_____ Left

Throws: _____ Right

_____ Left

Rec baseball Experience: _____ Competitive baseball Experience: _____

Team Played last season: _____

Positions Played: _____

Medical history coaches need to be aware of:

.....

Parents Names: _____

Address: _____

City: _____ Zip: _____

E-mail address: _____@_____

Please clearly Phone (H): _____

Fill in all contact (W): _____

Information to be (C): _____

Notified of results

Emergency Contact: _____ No. _____

