



NORTHEAST LONGHORNS AAU TRYOUT REGISTRATION FORM

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

ADDITIONAL PHONE NUMBERS OR EMAILS: _____

CIRCLE THE TEAM YOU WOULD LIKE TO TRYOUT FOR:

10U LONGHORNS, 11U LONGHORNS, 12U LONGHORNS, 13U LONGHORNS, 14U LONGHORNS, 15U LONGHORNS PROSPECT TEAM, 16U LONGHORNS PROSPECT TEAM, 17U LONGHORNS PROSPECT TEAM

PLEASE CIRCLE WHICH OUTDOOR TRYOUT DATE(S) YOU'LL ATTEND:

10U-12U: AUGUST 5TH, AUGUST 19TH, BOTH

13U-14U: AUGUST 6TH, AUGUST 20TH, BOTH

15U: AUGUST 20TH, SEPTEMBER 9TH, BOTH

16U-17U: AUGUST 20TH, SEPTEMBER 9TH, BOTH

FILL IN THE TOP 3 POSITIONS YOU'D LIKE TO TRYOUT FOR:

1. _____ 2. _____ 3. _____

Write 'Pitcher' or 'Catcher' next to number one if that's your BEST position. If you occasionally pitch or catch please fill those positions in next to number two or number three.

EARLY REGISTRATION (ON OR BEFORE JULY 28TH) - \$40

LATE REGISTRATION (AFTER JULY 28TH) - \$60

PAY BY CREDIT CARD (PLEASE CALL 508-259-4960 TO REGISTER OVER THE PHONE):

TYPE OF CARD (CIRCLE ONE): VISA MASTERCARD DISCOVER

CREDIT CARD NUMBER: _____

EXPIRATION DATE: ____/____/____ SECURITY CODE: _____

PAY BY CHECK:

WRITE CHECKS OUT TO 'ANDERSON BASEBALL ACADEMY', SEND CHECK WITH REGISTRATION TO:

ANDERSON BASEBALL ACADEMY, P.O. BOX 6383, HOLLISTON, MA 01746