



**Beacon Soccer Club
Fall 2017-Spring 2018
Travel Team Tryout Registration Form**

Bring a form to every tryout you attend

Date of Tryout: _____

Age Groups - Boys: U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

Girls: U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

Player Must Attend Proper Age Group Session

Age Group/Birth Year Trying Out For: _____

Tryout Location (circle): Sargent Memorial Park

Player Name: _____

Player Date of Birth: _____

Has Played Travel: Yes No # of Years _____

If Yes, Club Name: _____

Has Played Recreational Soccer: Yes No # of Years: _____

Rec Team Name: _____

Coach's Name: _____

Parent/Guardian Name: _____

Contact Number: _____

Address: _____

Email: _____

Please print clearly