



The Charleston Chill Softball Association would first like to welcome you to tryouts and wish you the best of luck!

TRYOUT REGISTRATION FORM

PLAYER NAME: _____

TRYOUT NUMBER: _____

AGE GROUP (CHECK ONE): 8U 10U 12U 14U 16U 18U

PARENT INFORMATION

FATHER: _____ HOME PHONE: _____ CELL PHONE: _____

MOTHER: _____ HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____ E-MAIL: _____

2nd ADDRESS: _____ 2nd E-MAIL: _____

WHO TO CONTACT AFTER TRYOUTS: NAME: _____ PHONE NUMBER: _____

PLAYER INFORMATION

DATE OF BIRTH: _____

THROWS: RIGHT LEFT BATS: RIGHT LEFT BOTH

POSITION(S) PLAYED: P C 1B 2B 3B SS OF

POSITION PREFERENCE: #1 _____ #2 _____ #3 _____

OVER →

Please list past team playing experience. Include team name, level, years played.

OFFENSIVE SKILLS: ___ BUNT ___ DRAG BUNT ___ SLAP

PITCHING SPEED: ___ FASTBALL ___ CHANGE UP ___ OTHER

Please list all activities (school, clubs, and other sports) in which you are involved in and if they would conflict with ball.

DO YOU PLAN TO TRYOUT FOR ANOTHER TEAM; IF YES,

WHEN?: _____
