

# Starlitz Xpress

## Tryout Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Twenty Five Dollar Application fee**

**Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_**