

Dream Allstars

2018 – 2019 Tryout Form

Athlete's Name _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____

Date of Birth _____ Age as of 8/31/18 _____

Parent/Guardian's Name _____ Parent/Guardian's Cell _____

Parent/Guardian E-mail address _____

Athlete's T-Shirt Size _____

Emergency Contact (other than Parent):

Name _____ Phone _____

Are you willing to compete on more than one team? _____

Do you want to compete on more than one team? _____

What team are you interested in, if any? _____

Please Note: Teams will be based on the athletes that attend tryouts. Whether a team is Large/small or coed/all-girl will be determined at tryouts. All athletes that attend will be trying out for the Dream Allstars program, not a specific team. The staff will evaluate and determine which team will be best for the athlete, the team, and the program.

We look forward to having you become a part of the Dream Allstars Family!

For Dream Allstars coaching Staff Use Only:

Standing Tumbling	Running Tumbling	Jumps	Motions/Dance	Other

Tryout Number
