



**BASKETBALL CLUB
TRYOUT REGISTRATION FORM**

Player Information: Please print clearly

Last name: _____

First Name: _____

Date of Birth (YYYY/MM/DD): _____

School: _____

Grade: _____ Age group: _____ Position _____

Home Address: _____

Alberta Health Care # _____ GPRC ID # _____

PH: _____ Email: _____

Playing Experience: _____

Parent Information:

Name(s): _____

Phone #: _____

Email _____

Admin only:

Tryout #

Paid \$20.00 tryout fee yes____ no____

Cheque #_____ Cash_____