

PLAYER NAME:	HOME PHONE:
ADDRESS:	PLAYER CELL:
CITY:	STATE: ZIP CODE:
PLAYER EMAIL:	DATE OF BIRTH:
At least one email addres	s for tryout result notification:
MOMS NAME:	MOMS CELL: MOMS EMAIL:
DADS NAME:	DADS CELL: DADS EMAIL:
POSITIONS YOU PLAY UNIFORM SHIRT SIZE LIST THREE UNIFORM	
Please read and sign:	
payments are non-refundable, wh	am selected to a Connecticut Angel team – and if I accept to play - payment must be made on time. I am also aware that all hether or not I remain with the program/team for the duration of the season.  First installment due August 30thSecond installment due November 30th Third & final installment due Feb. 28th.

Parent's signature

Date

Player Signature