Connecticut Angels Softball

PLAYER NAME: Arianny Avila

HOME PHONE: 2035151691

ADDRESS: 45 Wolfpit Ave Norwalk CT 06851

PLAYER CELL:

CITY: STATE: ZIP CODE:

PLAYER EMAIL: arieldr45@gmail.com

DATE OF BIRTH: 11/30/2011

At least one email address for tryout result notification:

MOMS NAME: Karina Avila MOMS CELL: 2035151691 MOMS EMAIL:

DADS NAME: Ariel Avila DADS CELL: 2037224248 DADS EMAIL:

SCHOOL GRADE LEVEL ENTERING IN FALL? NAME OF SCHOOL ATTENDING? Notre Dame Prep of Sacred Heart University

POSITIONS YOU PLAY? 1. CF 2. RF 3. SS 4.

UNIFORM SHIRT SIZE? Adult Small UNIFORM PANT SIZE? Adult XS

LIST THREE UNIFORM NUMBER CHOICES: 1. 30 2. 1 3. 3

WHAT WAS YOUR PREVIOUS TEAM/ORGANIZATION YOU PLAYED FOR LAST YEAR? CT Stars and Fairfield county Flames

Please read and sign:

I, and my family, agree that if I 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 payments are non-refundable, whether or not I remain with the program/team for the duration of the season.
Payment schedule is as follows: First installment due August 30th…Second installment due November 30th… Third & final installment due Feb. 28th.

Arianny Avila — Player Signature

Karina Avila — Parent's signature

Date