

Wisconsin Lady ACES Annual Try Out Registration Form



Player Name:		D.O.B:
Address:		
City:	State:	Zip Code:
Current School:		
Current Grade Level Attending/Will Attend:		
Positions Played:		
Primary Position:	Secondary Position:	
Player Strengths:		
Focus Areas:		
Previous Teams	Years on team	
How many hours a week do you practice at home:		
Do you play any sports in the off season?		
Parent Name(s):		
Home Phone:	Cell Phone:	
Email Address:		

Please email completed registration form to info.wisconsinladyaces@gmail.com