

## Wisconsin Lady ACES Annual Try Out Registration Form



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

<b>Parent Name(s):</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Email Address:</b>	

Please email completed registration form to [info.wisconsinladyaces@gmail.com](mailto:info.wisconsinladyaces@gmail.com)