



Players Name:		
School:	Graduation Class:	DOB:
Address:	City:	Zip:
Father's name:	Mother's name:	
Cell #	Cell #	
e-mail	e-mail	

Position(s)	Pitcher	Catcher	Middle Infield	Corners	Outfield
Years Playing Club/Travel:	Previous Club Teams:				
Bats: R or L					
Throws: R or L					

Email completed form to:

Jeff Stovall (Head Coach)
dosbaba@aol.com

or

Print, fill out and bring to tryout.