



**SIOUX FALLS CANARIES 2019 TRYOUT REGISTRATION FORM**

POSITION \_\_\_\_\_ BATS \_\_\_\_\_ THROWS \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_  
PRIOR PROFESSIONAL EXPERIENCE \_\_\_\_\_  
COLLEGE \_\_\_\_\_

**PAYMENT (CHECK ONE)**

**\$50 - PRE-REGISTRATION**

**\$75 - DAY OF TRYOUT**

**CASH OR CHECK \_\_\_\_\_ (Mail to address at the bottom of the page - CC Duell Higbe)**

**CREDIT CARD \_\_\_\_\_**

**CARD # \_\_\_\_\_ EXP \_\_\_\_\_ CCV \_\_\_\_\_**