



SIOUX FALLS CANARIES 2017 TRYOUT REGISTRATION FORM

POSITION _____ BATS _____ THROWS _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

BIRTH DATE _____

PRIOR PROFESSIONAL EXPERIENCE _____

COLLEGE _____

PAYMENT (CHECK ONE)

\$60 - 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 _____