



CITY OF VAUGHAN BASEBALL ASSOCIATION TRYOUT INFORMATION

TRYOUT FEE: \$20.00

Cheque

Cash

PLEASE PRINT

Name: _____ Date of Birth _____

Address: _____ City: _____ Postal Code _____

Home Phone _____ Cell Phone(s): _____ Player e-mail: _____

Parents Names _____ Parents e-mail: _____

Height _____ Weight _____

Primary Position _____ Secondary Position _____ Bats _____ Throws _____

2017 Team _____ Division _____ Level _____
(eg. Major Peewee) (HL, Select, A/AA/AAA, Elite)

2016 Team _____ Division _____ Level _____
(eg. Major Peewee) (HL, Select, A/AA/AAA, Elite)