



Player Evaluation / Tryout Registration Form

Personal Information

Name:

DOB:

Address: _____

Phone Number:

Email:

Date Attending:
(Players are encouraged
to attend both dates)

Saturday, October 17
1:00 pm – 3:30 pm

Saturday, October 24
1:00 pm – 3:30 pm

How did you hear about us (please check all that apply):

Facebook	Parade
Instagram	Pride
Flyer	Friend
Television	Radio

Other: _____

Preferred Position (if you have one)

Please let us know if you have a desired position in mind (not required).

Desired Offensive position(s):

Desired Defensive position(s):

Desired Special Teams positions(s):

Submit form to tidalwavesfootball@gmail.com,

Subject Heading: Tryout Registration