



## CGSA SELECT/ACADEMY Try-Out Registration

Name: \_\_\_\_\_ TRY-OUT#: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Player's Cell: \_\_\_\_\_ Player's Email: \_\_\_\_\_

Volunteer Info: Are you willing to volunteer and in what capacity? \_\_\_\_\_

**\$35.00**

Check Number: \_\_\_\_\_ Cash: \_\_\_\_\_

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Credit Card Information: Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Type of Card: VISA \_\_\_\_\_ M/C \_\_\_\_\_

Card #: \_\_\_\_\_

3 Digit Verification #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_