

Spokane Soccer Club



Tryout Registration form

(Tryout # Provided by club)

Tryout #: _____

Player Name: _____ Birthdate: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Playing Level (please # your 1st and 2nd choice)

Age level (Please Circle)

Premier _____ Red _____ Select _____

U11 U12 U13 U14 U15 U16 U17 U18

Previous team/coach: _____

Additional Information: _____