

Tryout Number _____

Age Group _____

Date of Birth _____

Player Name _____

Parent(s) Name _____

Phone (_____) _____

E-mail address _____

Previous Team(s) _____

If selected I am prepared to make the commitment necessary to be a member of Michigan Express FC Select/Premier Team. This commitment runs July 1, 2009 through June 15, 2010.

Player Signature _____

I have read the tryout information. If my child is selected I am prepared to make the required commitments, financial and otherwise, as a parent member of Michigan Express FC Select/Premier Team. I understand this is a full year commitment from July 1, 2009 through June 15, 2010.

Parent signature _____

Home phone (_____) _____

Work phone (_____) _____

How did you find out about tryouts? (Please circle)

Local paper Website SELCRA Referral

Previous team Michigan Soccer Flyer Other