

# Pittsburgh Football Club

## Try Out Form

Please print all information and bring to the tryout.

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Player's Name

\_\_\_\_\_  
(Last name, first, middle initial)

Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender: (please circle)      Boy                      Girl

Last six digits of Players Social Security Number

\_\_\_\_\_

Parent  
Names

Mother

Father

\_\_\_\_\_

Phone (home)

\_\_\_\_\_

Phone (cell)

\_\_\_\_\_

Email (home)

\_\_\_\_\_

Club Use Only

Try Out # \_\_\_\_\_ Color \_\_\_\_\_

Call back: (circle one)    YES              NO

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_