



The Farm League Hurricanes Select Football League 2009 /2010 Try-Out Form

STEP 1: Complete ALL the information below. Please PRINT clearly.

Participant's Name:	_____	_____	_____
	Last	First	Middle Initial
Guardian's Name:	_____	_____	
	Last	First	
Address:	_____	_____	_____
	Street	City	Zip Code
Phone Numbers:	_____	_____	
	Home	Emergency (must be different than home #)	
Email Address:	_____		
Participant's Birth Date:	_____	School in 2009/2010:	_____
Age (as of 07-31-09):	_____	Grade in 2009/2010 (circle one):	5 6 7 8
Weight: _____		Positions:	RB LB QB FS OL DL CENTER
Previous Team or League Played with:	_____		

You will be contacted, by phone or email after the team selections have been made.
Thank you trying out.

The Farm League Hurricanes

www.HSFL.org

www.thefarmleague.com