



Tryout Form

Please return the tryout form along with your tryout fee of \$15.00
Print this form and return with your cash/check payment payable to Comet All-Stars.

Athletes Name _____

Birth Date _____ Age on August 31, 2009 _____

Address _____

City, State _____ ZIP _____

Home Phone _____ Cell Phone _____

Cheerleading
Experience: _____

Tumbling Ability (with out spot): _____

Parent's Names _____

Parent's email
address _____

Parents Signature _____ Date _____

Religious Studies: Day _____ Time _____