

TRI-STATE ARSENAL PLAYER INFORMATION
ALL INFORMATION MUST BE FILLED OUT COMPLETELY!!!
PLEASE PRINT LEGIBLY!

PLAYER NAME _____

BIRTH DATE: _____ HOME PHONE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MOTHER _____ CELL _____

EMAIL _____

FATHER _____ CELL _____

EMAIL _____

HIGH SCHOOL (HS PLAYERS ONLY) _____

GRADUATION YEAR (HS PLAYERS ONLY) _____

ALL PLAYERS:

HEIGHT _____ WEIGHT _____ BAT _____ THROWS _____

PRIMARY POS _____ SECONDARY POS _____ SHIRT SIZE _____
(YOUTH OR ADULT)

ANY BASEBALL TEAM INFORMATION (Travel, AAU, USSSA, Achievements, etc.)

NON-REFUNDABLE \$30 TRY-OUT FEE

NAME ON CREDIT CARD _____

CC#: _____ - _____ - _____ **EXP:** ____ / ____

VISA/MC/AMEX/DISC

SIGNATURE: _____ **DATE:** _____

MAIL TO: The Hit Doctor, 333 Preston Ave, Suite 1, Voorhees, New Jersey, 08043 OR

FAX TO: The Hit Doctor, 856-354-0818

By check or money order payable to: **The Hit Doctor**

