

# 2009-2010 Try - Out Application

Please print legibly and supply complete information as of Fall 2007  
Carefully Legibly Complete and Sign

Age Group: \_\_\_\_\_  
As of Fall 2009

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

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

Birth (M/D/Y) \_\_\_\_\_ Social Security # \_\_\_\_\_ Sex \_\_\_\_\_

Parents \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_

Mother

Father

Player

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work \_\_\_\_\_

E-Mail \_\_\_\_\_

Team

Position

Years

Coach

Classic/Premier \_\_\_\_\_

Travel \_\_\_\_\_

In-House \_\_\_\_\_

High School \_\_\_\_\_

ALL players must play within their proper Age group.

How did you hear about STM Soccer and this Try-Out:  
\_\_\_\_\_

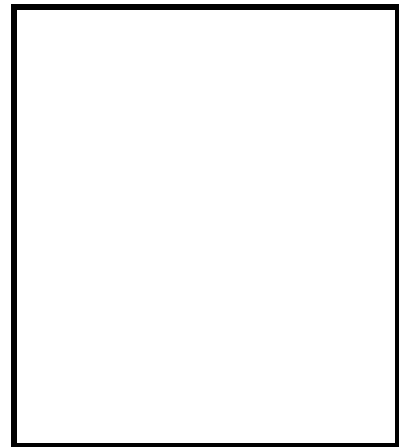
Are there any physical limitations (allergies, asthma, etc.)?  
\_\_\_\_\_

Player Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



**--- STM Use Only ---**

Call-In

Session

Date

Bib #

Return

Fee

Notes

\$0.00

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____