

**FREEHOLD SOCCER TRY-OUT SIGN UP FORM.** Age U-\_\_\_\_ Boys / Girls  **AUG 1<sup>ST</sup>** \_\_\_\_\_ **JULY 31<sup>ST</sup>** \_\_\_\_\_  
**TEAM NAME/S** \_\_\_\_\_

<b>Try-out #</b>	<b>Address</b>	<b>Phone #</b>	<b>Date of birth</b>

**A COPY OF YOUR TRY OUT ROSTER/S MUST BE TURNED IN TO FSL TRAVEL TEAM COORDINATOR**