********* FORMS DUE MAY 1ST, 2010 TO CONCESSION STAND *********

2010 Travel Team Tryout Application

MONDAY, MAY 3rd, 2010 Check-in 5:00 Tryouts 5:30p SHARP

☐ 11 Year Old - $125.00 Tryout Fee ☐ 12 Year Old - $125.00 Tryout Fee

A player born on or between the dates of May 1, 1998 and April 30, 1999 is league age 11
A player born on or between the dates of May 1, 1997 and April 30, 1998 is league age 12

Tournaments

11 White – TBD	June 04 – June 06, 2010	☐ can play	☐ can't play
11 Blue – TBD	June 04 – June 06, 2010	☐ can play	☐ can't play
11 White & Blue – GLMM	July 23 – July 25, 2010	☐ can play	☐ can't play
11 White & Blue – Highland Fest	July 28 – August 01, 2010	☐ can play	☐ can't play
12 White* - TBD	June 04 – June 06, 2010	☐ can play	☐ can't play
12 Blue* - TBD	June 04 – June 06, 2010	☐ can play	☐ can't play
12 White & BLUE - Richfield	July 16 – July 18, 2010	☐ can play	☐ can't play
12 White & Blue - GLMM	July 30 – August 01, 2010	☐ can play	☐ can't play
12 White & Blue – Highland Fest	August 04 – August 08, 2010	☐ can play	☐ can't play

*Additional 4th tourney option will be at discretion of coaches – we will collect additional $40.00 if scheduled.

Please include a check make payable to GLMM. We will return your check by USPS if your child does not make a team. **Each player MUST provide a copy of his/her birth certificate with this application form**. Turn in completed form, birth certificate and check to the concession stand NO LATER than Saturday, May 1st. Any forms collected after May 1st will incur a $25.00 late fee DUE WITH FORM, no exceptions. *NOTE: There will be no makeup tryout sessions and "no shows" will not be registered for a team.*

NAME: _____ E-MAIL: _____

IN-HOUSE TEAM NAME: _____ TEAM #:_____ BIRTH DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (H) _____ (C) _____

Player Consent: I will participate in the 2010 GLMM travel team tryouts. I understand that I may not make a team. I will make the time commitment required of me, should I make a team.

Player signature: _____ Date: _____
***MUST BE SIGNED BY PLAYER**

Parent/Guardian Consent: I/we agree to let my/our child tryout for the GLMM travel team. I/we understand the cost and time commitment if my/our child makes a team. I/we have read and understand the attached Player and Parent Letter. I/we understand that parents must work a shift in the concession stand during our GLMM tournament, or will opt out and choose to buy-out for $45.00

Parent/Guardian signature: _____ Date: _____

I am interested in coaching _____ ☐ Head coach ☐ Assistant

For more information, please contact Anne Quinn at anne_quinn@hotmail.com

GLMM USE ONLY:

RCVD DATE: _____ PYMT: $ _____ chk #_____ cash __ LATE FEE: $____ date rcvd: _____ chk# ____ cash ___

TEAM ASSIGNMENT _____ Add'l _____ RTN FORM/PYMT DATE: _____ OTHER: _____