



president@495wolfpackbaseball.com

2018-2019

495 WOLFPACK TRY-OUT FORM

Name: _____

Date of Birth: _____

Street: _____

City: _____

Zip: _____

Phone Number: _____

Players Email: _____

Parents Email: _____

Primary Position: _____

Secondary Position: _____

Pitch: YES or NO

Throws: R / L (Circle One)

Hits: R / L / SWITCH (Circle One)

Age on May 1, 2019 _____

Try-Out Number (Office Use only): _____

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