



president@495wolfpackbaseball.com

# 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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