



Summit City Sluggers

Player information form

Name _____ Position(s) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Player's Cell # _____ Player's E-mail Address _____

Height _____ Weight _____ Bats _____ Throws _____ Date of Birth _____

Pants Size _____ Shirt Size _____ Hat Size _____ Number _____

School _____ City/State _____

Graduation Year _____ GPA _____ SAT _____ ACT _____

Father's Name _____ Cell # _____

Father's E-Mail Address _____

Mother's Name _____ Cell # _____

Mother's E-Mail Address _____

Please bring a copy of your birth certificate to the tryouts.

www.SummitCitySluggers.com