



PIEDMONT AREA SOCCER ASSOCIATION

Fall 2014 / Spring 2015

Challenge/Classic Tryout Registration

Player Info:

First Name: _____ M.I. _____ Last Name: _____

Age: _____ Date of Birth: ____/____/____

Street Address: _____ City: _____ State: _____ Zip: _____

Parents' Names: _____

E-mail Address: _____

Contact Phone #: _____

What age group are you trying out for?

_____ U11 Boys Challenge _____ U14Girls Classic _____ U16Girls Classic

Position you normally play:

_____ Forward _____ Midfielder _____ Defender _____ Goalkeeper

Tryout # _____