



West Seneca Magic Travel Softball Player Information Sheet

Tryout Level (circle): 10U 12U 14U 16U 18U Tryout # _____

Player Name: _____

Birth Date: _____ Birth Certificate (circle): Attached On File

Mother's Name(s): _____

Mother's Cell: _____ Mother's Home: _____

Mother's Email(s): _____

Father's Name(s): _____

Father's Cell: _____ Father's Home: _____

Player's Name(s): _____

Player's Cell: _____ Player's Home: _____

Address: _____

City: _____ Zip code: _____

School Attending: _____

Parent/Guardian would like to volunteer for (circle): Assistant Coach -Team Coordinator
Concession Stand - Fundraising - Website Other _____

(All Magic families are required to help at the Magic Fundraisers & Tournaments in 2008)

Player Stats, Skills & History

Player Bats (circle): Right Left Switch Throws: Right Left

Favored Position(s): _____

List prior softball experience and training (years played, teams, clinics, seminars, etc...)

Return Completed form to:

Mary Ellen Bager

320 Bullis Rd.

West Seneca, NY 14224

Or email to: mebager@verizon.net