



# RAM FIELD HOCKEY TRYOUT FORM

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## Athlete Information

Name: \_\_\_\_\_

Birth Date (m/d/y): \_\_\_\_\_ Current Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (mobile): \_\_\_\_\_

Email (PRINT): \_\_\_\_\_

School: \_\_\_\_\_ Grade in Fall 2014: \_\_\_\_\_

Position Preference: \_\_\_\_\_

Futures: Y/N \_\_\_\_\_ USFHA Membership # (if you have one): \_\_\_\_\_

## Parent Information

Parent(s) Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (mobile): \_\_\_\_\_

Phone (mobile): \_\_\_\_\_ Phone (other): \_\_\_\_\_

Parent Primary Email (PRINT): \_\_\_\_\_

Parent Secondary Email (PRINT): \_\_\_\_\_

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*Send completed application with \$20 tryout fee:*

**RAM FIELD HOCKEY  
425 BULK PLANT ROAD  
LITTLESTOWN, PA 17340**

Direct any questions to John or Candace Reichart at 717-873-8349

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<b>OFFICE USE:</b> Tryout Date: _____ Tryout Number: _____ Payment: _____
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