

Explosive Fastpitch Registration:

Full Name: _____

Number Assigned (AT REGISTRATION): _____

Age group you are trying out for (Circle One): 10U 12U 14U 16U 18U

*Please Specify if this is your first or second year in the age group that you are trying out for _____

Positions (Please list best position first): _____

Birth Date: _____ Parents Names: _____

Full Address : _____

2 Phone Numbers: _____

Parents Email Address: _____

Hitting or Pitching Instructor if you have one: _____

Softball Reference Name and Number: _____ (Please list a prior coach or instructor)

Travel Ball History: Who did you play for in the past?