



# DREAM Allstars



2010-2011

## Tryout Form

Athlete's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of 8/31/10 \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Parent/Guardian's Cell \_\_\_\_\_

Emergency Contact (other than parent):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you interested in competing on more than one team? \_\_\_\_\_

What team are you interested in, if any? \_\_\_\_\_

**PLEASE NOTE:** *Teams will be based on the athletes that attend tryouts. Whether a team is large/small or coed/all-girl will be determined at tryouts. All athletes that attend will be trying out for the Dream Allstars Program, not a specific team. The staff will evaluate and determine which team will be best for the athlete, the team and the program.*

We look forward to having you become a part of the Dream Allstars Family!

*For Dream Allstars Coaching Staff Use Only*

Standing Tumbling	Running Tumbling	Jumps	Motions/Dance	Other

Tryout Number

\_\_\_\_\_