



## AAU Basketball Tryout Registration Form

Team/Age Bracket: \_\_\_\_\_ Assigned Number: \_\_\_\_\_  
(Official Use Only)

Applicant's Last Name: \_\_\_\_\_ (please print)

Applicant's First Name: \_\_\_\_\_ (please print)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm / dd / yy)

Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address (PRINT): \_\_\_\_\_

Parents / Guardians Full Names (PRINT): \_\_\_\_\_

Is a copy of the candidate's Birth Certificate attached?

Yes

No