



2018-2019 TRYOUT REGISTRATION FORM

This form must be downloaded, completed and sent prior to tryouts to: MKSC, 7101 W. Good Hope Road, Milwaukee, WI 53223, Attn: Tryouts; or brought to the tryout along with the \$25 tryout fee. For the purpose of reviewing players post-tryout, an onsite photo is required and will be taken at check-in.

TRYING OUT FOR? U _____ GIRLS _____ BOYS _____ TRYOUT # DAY 1 _____ DAY 2 _____

PLAYER NAME _____ DOB ____/____/____

HOME PHONE # ____/____/____ CELL PHONE # ____/____/____

HOME ADDRESS _____

EMAIL ADDRESS _____

POSITION TRYING OUT FOR? GOALKEEPER _____ DEFENDER _____ MIDFIELD _____ FORWARD _____

NAME OF CURRENT CLUB AND TEAM? _____

ARE YOU REGISTERED WITH THE MILWAUKEE KICKERS FOR THE 2017/2018 SEASON? YES _____ NO _____

WHICH KICKERS REGION? (INFC, TOSA, GERMANTOWN, ETC) _____

MEDICAL PROBLEMS? (I.E. ALLERGIES, INJURIES) _____

OFFICE USE ONLY

DATE OFFER MADE ____/____/____ ACCEPTED? YES _____ NO _____

OFFER MADE FOR MKSC ACADEMY U _____ BOYS _____ GIRLS _____ LOCATION _____

KICKERS REGISTRATION COMPLETED _____

PLAYER/FAMILY CONTACTED BY _____ WHEN _____

SPOKE TO _____ LEFT MESSAGE _____

TRYOUT NUMBER _____