



## 2011 Fall Tryout Camp

Participants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Position \_\_\_\_\_ Hometown \_\_\_\_\_  
College \_\_\_\_\_ Years Played \_\_\_\_\_  
Pro Experience: Yes or No If Yes, Team(s) \_\_\_\_\_  
Drafted: Yes or No If Yes, Round \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Throws \_\_\_\_\_ Bats \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

### 2011 FALL TRYOUT DETAILS

Saturday October 1<sup>st</sup> at GCS Ballpark in Sauget, IL (Rainout Date Sunday October 2<sup>nd</sup>)

Registration at 7:00 a.m., stretch at 8:00 a.m.

\$50.00 per player

Must be 20 years of age or older

No players can be 27 years of age after January 1<sup>st</sup>, 2012

### PAYMENT

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AmEx \_\_\_\_\_ Disc. \_\_\_\_\_ Check \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ CVC \_\_\_\_\_  
Name as it appears on the credit card \_\_\_\_\_

Please make all checks and money orders payable and send to:  
Gateway Grizzlies Baseball Club \* 2301 Grizzlies Bear Blvd. \* Sauget, IL 62206  
Attn: Jeff O'Neill

I release and hold harmless the Gateway Grizzlies Baseball team and camp representatives, the employees, the complex being used, its representatives and employees from any and all liability to me as a result of attending this activity. Furthermore I am physically fit to participate in the daily program activities. I hereby authorize the staff of the Gateway Grizzlies to act for me in an emergency.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date