



2012 SPRING TRYOUT

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 # _____

2012 SPRING TRYOUT DETAILS

Saturday April 21, 2012 - TR HUGHES BALLPARK (O'Fallon, MO)

8:00 AM (REGISTRATION)

9:00 AM (STRETCH & TRYOUT)

\$50.00 Per Player (Cash/Check Only)

Must be 19 - 27 years old

No players can be 27 years of age after Jan. 1, 2012

PAYMENT

Cash/Check ONLY

Please make all checks out and mail to:

“River City Rascals Booster Club”

900 TR Hughes Blvd.

O'Fallon, MO 63366

Attn: Steve Brook

I release and hold harmless the River City Rascals Professional Baseball Club and PS&J Professional Baseball 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 River City Rascals to act for me in an emergency.

Signature of Participant _____

Date _____