



2017 SPRING TRYOUT

Participant's Name: _____ Date of Birth _____

Email Address _____ Phone _____

Mailing Address _____

Position (List Best Position Only) _____

College _____ Years Played _____

Pro Experience YES NO Pro Team(s) Played For _____

Drafted YES NO Round _____

Throws R L Height _____

Bats R L Weight _____

Emergency Contact Name & Phone # _____

2017 SPRING TRYOUT DETAILS

SATURDAY APRIL 22, 2017 – CARSHIELD FIELD (O'Fallon, MO)

8:00 AM (REGISTRATION/CHECK IN)

9:00 AM – 3:00 PM (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, 2017

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 _____