



2019 Fall Try-Out

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 # _____

2019 TEAM TRY-OUT DETAILS

Saturday August 10th at GCS Ballpark in Sauget, IL

Registration at 7:45 a.m., stretch at 8:30 a.m.

\$60.00 per player if you preregister

\$75.00 per player day of tryout

Must be 20 years of age or older

No metal cleats allowed on field

Must be born on or after October 1st 1992

PAYMENT

Visa _____ MasterCard _____ AmEx _____ Disc. _____ Check _____
Credit Card Number _____ Exp. _____ Zip Code _____
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: Kurt Ringkamp

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