



## 2019 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 # \_\_\_\_\_

## 2019 SPRING TRYOUT DETAILS

**SATURDAY APRIL 20, 2019 – CARSHIELD FIELD (O'Fallon, MO)**  
**8:00 AM (REGISTRATION/CHECK IN)**  
**9:00 AM – 3:00 PM (TRYOUT)**

**IN-ADVANCE – \$60.00 (Cash/Check Only)**  
**DAY OF TRYOUT – \$75.00 (Cash/Check Only)**

**Must be 19 – 26 years old**  
**No players can be turn 27 years of age prior to October 1, 2019.**

### 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** \_\_\_\_\_