



## TRYOUT REGISTRATION FORM

UMass-Boston

### **PERSONAL DATA:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Employer &/or School \_\_\_\_\_ Work/School # \_\_\_\_\_  
 Occupation \_\_\_\_\_ Full Time [ ] Part-Time [ ]  
 Are you at least 18 years of age by October 3, 2009 Yes [ ] No [ ]

Alternative Contact Name & Phone # through which you can always be reached during the tryout period:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

### **EDUCATIONAL DATA:**

Name of High School Completed \_\_\_\_\_ State \_\_\_\_\_  
 College/University \_\_\_\_\_ Current Year \_\_\_\_\_  
 Major \_\_\_\_\_ Minor \_\_\_\_\_

### **PROFESSIONAL PLAYING EXPERIENCE:**

Have you ever played professional basketball? Yes [ ] No [ ] If yes, please list experience below:

Year	League	Country	Team Name	MIN/PTS/REB/AST Per Game
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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MAIL ALL APPLICATION MATERIALS TO:

Maine Red Claws  
 PO Box 15180  
 Portland, ME 04112

PLEASE BE SURE TO INCLUDE ALL THE FOLLOWING:

- Authorization and Release (completed & signed)
- Registration Form
- Money Order or Credit Card Payment Information sheet (payable to Maine Red Claws)

DEADLINE TO TURN IN APPLICATION MATERIALS, INCLUDING PAYMENT, OR YOU WILL NOT BE ALLOWED TO PARTICIPATE: October 1, 2009

