



DAY OF TRYOUT REGISTRATION FORM

IMPORTANT: THIS DOES NOT COMPLETE YOUR REGISTRATION. YOU WILL NEED TO GO TO WWW.GOLDENYOUTHBASKETBALL.COM AFTER TRYOUTS AND COMPLETE YOUR REGISTRATION

Player Name: _____

Player Grade: _____ Current School: _____

Parent Name: _____ Parent Phone #: _____

Parent E-mail: _____

Returning Player: yes ___ no ___

If "yes", last year's coach: _____

Desired Level of Play:

Gold

Silver

A

B

C