

## 12u All-American Region 1 STARS Sign-up Form

Jan 28th & Feb 25th 2024 Dates:

9am - 2pm (check in begins at 8am) Time:

Elite Sports Academy, 27 Gauthier Dr, Epsom NH Location:

(You only need to attend one tryout date, if you want to attend both you must pay a second tryout fee)

Player Name	e:				
Date of Birtl	n:	**A copy of the player's birth certificate must accompany this form**			
Address:					
City:			State:	Zip:	
Parent(s) Name:					
Parent(s) Mobile #:					
Parent(s) Email:					
Travel Team:					
			Tryou	t Fee \$80 in advance	æ
USA Softball Registered:	Yes	□ No		<b>\$100 day of</b> *Non-Refundable*	
**All players trying o	ut must be USA	Softball Registered for	2024 season**		
Email completed form to: Dboyce7@comcast.net		Venmo Payment to: usa softball of nh@usa	Venmo Payment to: usa softball of nh@usa_softball-nh		

<sup>\*</sup>Walk ups Welcome payment (Cash, Bank Check or Money Order only)