** SILVER LAKE **

**SOCCER ACADEMY**

***WEB SITE: SILVERLAKESOCCER.COM***

**2016 TRYOUT REGISTRATION FORM**

**CHILD’S NAME: BOY OR GIRL:**

**DATE OF BIRTH: CURRENT AGE:**

**E-MAIL ADDRESS:**

**CELL #:**

**TRYOUT DATES ATTENDING:**

**PREVIOUS SOCCER EXPERIENCE – LIST ALL**

***NAME OF TEAM/CLUB* *YEARS PLAYED***

***CLINICS/CAMPS YEARS PARTICIPATED***

**CONTACT: FRANK CANNIZZARO TEL. 718 948-7552**

**E-MAIL COMPLETED FORM TO: FJCANNIZZARO@SILVERLAKESA.COM**