



SD-United F.C. Tryout Application

Full Legal Name: _____

E-mail Address: _____

Contact Number: _____

Date of Birth: _____

Any Medical Problems: _____

Playing Experience: _____

List Former Clubs and/or Coaches:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Requested Tryout Positions: _____

Shirt Size: _____

Shorts Size: _____

Player Signature: (*Print*) _____

Player Signature: _____

United official use only

Please Note: *There is a \$25 tryout fee which will be paid at the day of your tryouts.*

Cash or Checks are accepted and may be addressed to **SD-United WPSL.**

When form is completed, please fax promptly to: **619-440-0660**

SDU APPROVED