



# PLAYER BIO & TRY-OUT REGISTRATION

**PRE-REGISTER \$50.00**

**LATE REGISTER \$60.00**

## TEAM TRI-CITIES FEVER

### Personal Information

First Name:	Last Name:	DOB: / /	Email:
Current Address:	City:	State:	Zip:
Home Phone: ( )	Work Phone: ( )	Cell Phone: ( )	

### Football Experience

Name of School:	Years Played:	Games Started:
Positions Played:		
Stats/Records/&Honors:		

### Payment Information

Credit Card:  Visa  MC  Disc CC# \_\_\_\_\_ Exp: /  
Fees must be received prior to 5pm on 2/10/2012  All late registration fees \$60  
WILL ACCEPT CASH ON 2/11/2012  
NO CHECKS  
Please fax player bio, registration & payment info to the FEVER office at (509) 222-2214.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

