

Richmond Raiders Player Tryout Registration

Team to fill out:

Position:_____ Tryout Number:_____

Ht:_____ Wt:_____

Player to fill out:
(PLEASE PRINT)

Name:_____
(Last) (First) (Middle)

Address:_____
(Street) (City) (State) (Zip)

Phone:_____ Cell Phone:_____

Email:_____

Agent:_____ Agent Phone: _____

Birth Date:_____ Birth City:_____ Birth State:_____

High
School:_____

(Name) (City) (State)

College Graduate (y/n)_____ Expected Graduation Date(mm/yy):_____

Colleges and/or Colleges Attended (List all schools in order attended):

College Season	Class (Freshman, Soph, etc)
Year 1 _____	_____
Year 2 _____	_____
Year 3 _____	_____
Year 4 _____	_____

Pro Experience- List all major, minor and semi-pro teams on which you have played:

Team	League	Season	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Information-List all injuries/illness/surgery which resulted in missed playing time:

Date	Injury	Description	Surgery
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Payment Method

Please check one of the following Fee:

In advance \$40.00 ()

Day of tryout \$50.00 ()

Credit Card Visa () MC ()

Card Number _____

Exp Date _____ Security Code _____

Name as it appears on card _____

Money Order () Cash ()

Please remit pre-registration payments to:

Richmond Raiders

601 E. Leigh Street

Richmond, Va. 23219

Email: jbowman@aifaprofootball.com