



HADC Try-Out Form

Student's Name: _____

DOB: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (hm): _____ **Phone (cell):** _____

Student E-mail: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (hm): _____ **Phone (cell):** _____

Phone (wk): _____

Parent/Guardian E-mail: _____