



ONTARIO GIANTS TRYOUT REGISTRATION INFORMATION
2018 - 2019 BASEBALL SEASON

NAME:

First:	Last:
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ADDRESS:

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CITY:

POSTAL CODE:

	, ONTARIO	
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PHONE:

Home:	Cell:
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EMAIL:

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BIRTH DATE:

YY/	MM/	DD/
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AGE AS OF MAY 1ST 2019: _____

PREVIOUS PLAYING EXPERIENCE:

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PRIMARY POSITION: _____ SECONDARY POSITION: _____

Bats:	Throws:
Height:	Weight:

COMMENTS: