

Tryout Application



Personal Information

Full Name: _____
Last First Middle

Age: _____ Date of Birth: _____ Country of Birth: _____

Citizenship: _____ If not U.S.A., are you a Green Card Holder? Yes No

Do you have a valid passport? Yes No Issuing Country: _____

Current/Former School: _____

Date of Graduation (or expected date): _____

Do you have personal medical insurance? Yes No

Insurance Provider: _____ Policy Number: _____

(Personal medical insurance information is required in order to be registered with the United Soccer Leagues. If you do not have personal medical insurance, you can sign a waiver that will permit you to be registered.)

Current Address

Street: _____ City/State/ZIP: _____

Mobile Phone: _____ Email: _____

Player Profile

Primary Position: _____ Secondary Position: _____

Application Checklist

- Completely** answered all questions and supplied all requested information
- Included \$25 Tryout Fee (Checks made payable to Brilla).
- Indicated which tryout I am attending

Tryout Attending:

- March 6
- March 20
- Both Dates

When completed, this application may be submitted by the following methods:

FAX: 601.488.0226

Scan & Email: info@msbrillafc.org

U.S. Mail: Brilla
P.O. Box 281
Clinton, MS 39060

You will receive an email from us confirming that we have received your application.

If you have any questions regarding tryouts, please call the Brilla Office at 601.924.3475, or email us at info@MSBrillaFC.org.