

# 2016 Metro Stars Tryout Form

NAME \_\_\_\_\_

HEIGHT \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

GRADE (2015-2016 YR) \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PARENTS NAMES \_\_\_\_\_

2015 AAU TEAM \_\_\_\_\_

PLEASE CONTACT JAMIE 'BROBACK' WALDO @  
[jamiebroback@msn.com](mailto:jamiebroback@msn.com) IF YOU HAVE ANY QUESTIONS! THERE IS A  
\$15 TRYOUT FEE THAT WE WILL COLLECT THE DAY OF TRYOUTS!  
THIS \$15 WILL COVER ALL OPEN GYM DAYS AS WELL AS ALL TRYOUT  
DAYS!!