

Player Tryout# Assigned:

(Registrar to Assign)

Tryout Age/Gender:

(Registrar to Complete)

FAIRFAX STARS TRAVEL BASKETBALL PROGRAM
2012 TRYOUT REGISTRATION FORM

\$45.00 TRYOUT FEE for on-site Registration

Tryout fee for advanced registration is \$35.00. Registration form and payment must be received 1 week prior to first tryout date. Mail to Fairfax Stars, 2801 Glade Vale Way, Vienna, VA 22181. Payment can be made online at http://fairfaxstars.org/shopsite_sc/

GIRLS

Age Group

4th grade as of 10/1/11-can't turn 12 before 9/1/12	9u/4 th grade
5th grade as of 10/1/11-can't turn 13 before 9/1/12	10u/5 th grade
6th grade as of 10/1/11-can't turn 14 before 9/1/12	11u/6 th grade
7th grade as of 10/1/11-can't turn 15 before 9/1/12	12u/7 th grade
8th grade as of 10/1/11-can't turn 16 before 9/1/12	13u/8 th grade
9th grade as of 10/1/11-can't turn 17 before 9/1/12	14u/9 th grade
10th grade as of 10/1/11-can't turn 18 before 9/1/12	15u/10 th grade
11th grade as of 10/1/11-can't turn 19 before 9/1/12	16u/11 th grade
12th grade as of 10/1/11-can't turn 20 before 9/1/12	17u/12 th grade

BOYS

Age Group

2nd grade as of 10/1/11-can't turn 10 before 9/1/12	8u/2 nd grade
3rd grade as of 10/1/11-can't turn 11 before 9/1/12	9u/3 rd grade
4th grade as of 10/1/11-can't turn 12 before 9/1/12	10u/4 th grade
5th grade as of 10/1/11-can't turn 13 before 9/1/12	11u/5 th grade
6th grade as of 10/1/11-can't turn 14 before 9/1/12	12u/6 th grade
7th grade as of 10/1/11-can't turn 15 before 9/1/12	13u/7 th grade
8th grade as of 10/1/11-can't turn 16 before 9/1/12	14u/8 th grade
9th grade as of 10/1/11-can't turn 17 before 9/1/12	15u/9 th grade
10th grade as of 10/1/11-can't turn 18 before 9/1/12	16u/10 th grade
11th grade as of 10/1/11-can't turn 19 before 9/1/12	17u/11 th grade
12th grade as of 10/1/11-can't turn 20 before 9/1/12	18u/12 th grade

*Players may play down a grade, but MUST meet the date of birth requirements and be approved by AAU. Example—a player that is in the 3rd grade, but is born on or after 9/1/2003, may play in the 8u/2nd grade group if approval from AAU is granted.

Child's Last Name _____ Child's First Name _____ **GRADE** _____

Street Address _____ **AGE** _____

City/St/Zip _____ County: _____

Please check which area you live in: Potomac Valley Other Check which area your HS is located: Potomac Valley Other

High School (HS) child attends (if applicable): _____ HS City/State: _____

IMPORTANT – Please Complete Legibly

(H) Phone _____ (H) Email _____ (W) Email _____

(Alternate Phone) _____

Child's Date of Birth _____ Height _____ Weight _____

Dad's Name _____ Mom's Name _____ Work Phone _____

Parent or Name of Person Completing Registration Form: _____ Date: _____

INTERNAL USE:

Paid by Check # _____ \$ _____ Name on check if different from above _____

Paid by Cash _____ \$ _____

Date of Tryout _____

Notes: _____