



British Columbia Amateur Softball Association – Tryout Activity Report

Player's Information:

Player's Full Name: _____

Date of Birth: _____ Softball BC #: _____ Current Home District #: _____

Category and Level (Please Circle): U13 A U13 B

**Tryouts/Skills Camps
attended:**

Player is responsible for having all fields completed for all eligible tryouts/ skills camps within Current Home District. Print and use additional sheets if needed.

District #:		Association:		Tryout Location:	
Name of Association's Representative:			Position Held by Representative:		
Signature of Representative:			Date:		

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To be completed by District Coordinator – please mark one with a (✓) and sign:

_____ I confirm there is NO Team in District.

_____ I confirm the above information is complete and includes all eligible tryouts in the player's home district. *If activity report is true and accurate*, the player is eligible to try out in other districts of their choice.

District #: _____ District Coordinator's Signature: _____ Date: _____