



**2009 Travel Team Tryout Application**

**11 Year old - \$120.00 Tryout Fee**

**Year Old - \$150.00 Tryout Fee**

- A participant born on or between the dates of May 1, 1997 and April 30, 1998, is league age 11
- A participant born on or between the dates of May 1, 1996 and April 30, 1997, is league age 12

**Tournaments**

11 WHITE: Wayzata/Plymouth	JUN 5- JUN 7, 2009	CAN play ____ CAN'T play ____
11 BLUE: Rosemount	JUN 5- JUN 7, 2009	CAN play ____ CAN'T play ____
11 WHITE & BLUE: GLMM	JUL 24 – JUL 26, 2009	CAN play ____ CAN'T play ____
11 WHITE & BLUE: Highland	JUL 29 – AUG 2, 2009	CAN play ____ CAN'T play ____
12 WHITE: Burnsville	JUN 5 – JUN 7, 2009	CAN play ____ CAN'T play ____
12 BLUE: Glencoe	JUN 5 – JUN 7, 2009	CAN play ____ CAN'T play ____
12 WHITE: Richfield	JUL 17 – JUL 19, 2009	CAN play ____ CAN'T play ____
12 WHITE & BLUE: GLMM	JUL 31 – AUG 2, 2009	CAN play ____ CAN'T play ____
12 WHITE & BLUE: Highland	AUG 5 – AUG 9, 2009	CAN play ____ CAN'T play ____

Tryouts for are Monday May 4<sup>th</sup> starting at 5:30p **SHARP**. Check-In starts at 5:00p. Tryouts are held at the Glen Lake Optimists ball fields. Please include a check made out to GLMM. We will return your check by USPS if your child does not make a team. Each player **MUST** provide a copy of his/her birth certificate *with this application form*. Complete and turn in form, along with a check, to the concession stand no later than Friday, May 1<sup>st</sup>. Any forms collected after May 1<sup>st</sup> will incur a \$15.00 late fee **DUE WITH FORM, no exceptions**. Additionally, there will be no makeup tryout sessions. "No shows" will not be registered for a team.

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

IN-HOUSE TEAM NAME: \_\_\_\_\_ TEAM #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

**Player consent:** I will participate in the 2009 Glen Lake Mighty Mites travel team tryouts. I understand that I may not make a team. I will make the time commitment required of me if I make a team.

**Player signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Consent:** I/we agree to let my/child tryout for the GLMM travel team. I/we understand the cost and time commitment if my/our child makes a team. I/we have read and understand the attached Player and Parent Letter. I/we understand that parents must work a shift in the concession stand during our Glen Lake Tournament or will opt out and choose the buy-out option for \$40.00.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I am interested in coaching: \_\_\_\_\_  HEAD COACH  ASSISTANT

For more information, please contact Anne Quinn at 952.210.3547 or anne\_quinn@hotmail.com

GLMM USE ONLY:	RECEIVED: _____
PYMT: \$ _____ Check ____ Cash ____	LATE FEE: \$ _____ Check ____ Cash ____ BC: _____
TEAM ASSIGNMENT: _____	Add'l _____ RTN FORM/PYMT _____ Date: _____/2009