



Illinois Force Tryout Application

Select Age Group:

Player Number: _____ (Leave Blank)

Player's Name: _____

Grad Year: _____

Committed College (if applicable): _____

ACT (if applicable): _____ SAT (if applicable): _____ GPA: _____

Email: _____

Player's Phone: _____

Parent's Name: _____

Parent's Phone: _____

Address: _____

High School: _____

City/State: _____

Date of Birth: _____

Bats: (Select One):

Throws: (Select One):

Primary Position: _____

Secondary Position (Mark all that apply):

C P 1B 2B 3B SS OF CF Utility

Past Travel Teams: