

**POM TRYOUTS
REGISTRATION FORM**

Tryout Number _____
(will be assigned at tryouts)

Please complete the following registration form and bring it with you to tryouts.
Please print.

Name _____

Present Address _____

City State Zip

Present Phone Number _____

Summer Address _____

City State Zip

Summer Phone Number _____

Social Security Number _____

What year will you be at the U of A **next year**? Frosh. Soph. Jr. Sr.
(Please check one)

GPA _____ on a 4.0 scale

For incoming freshmen, this should be your high school cumulative GPA
For current college freshmen, use first semester at the U of A
All others – College Cumulative GPA