



_____ **All Star Program 20** _____

Note: Please complete and return this commitment form at the first tryout on _____. There will be ___ more tryouts in the days that follow the first tryout, and you will find out about these dates by _____.

Player's name _____

Parents' names _____

Phone # _____ **email** _____

Does your child want to be looked at as a pitcher or catcher for the All Star Program?

Pitcher _____ Catcher _____ Neither (just infield and outfield) _____

Your availability during the All Star season is very important and will be considered as we select the team. Please indicate below if you are able to fully commit to the All Star program during the period of the end of June to the beginning of August. Some players/teams could also play further into August depending on the successes of the players/teams.

Yes _____ No _____

If **no**, please explain

Player's Signature

Parent's Signature

Thank you for completing this form. If you need to contact me, please feel free to do so.

Regards,