



TBAYS
160 Hughes Dr.
Traverse City, MI
49686

-North Storm Alternate Tryout Request-

PLEASE NOTE THAT YOUR CHILD MUST BE REGISTERED WITH TBAYS FOR THE COMING SEASON PRIOR TO THE ALTERNATE TRYOUT.

Date of Request

Requesting Party

Email Address

Tryout Participant

Birth Date

Age Group of Tryout

Coach of Tryout

Is this a Medical Exemption

Please describe the injury and its prognosis

Purpose of the Alternate Tryout Request:

Approved

Signature of Age Group Coach