

Charleston Battery Trial Camp Application

Please attach a recent photo to your application.



Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State/Country: _____ Zip: _____

Current Phone: _____ Cell Phone: _____

E-mail: _____

(Email will be used as primary means of contact)

Position Played: _____ Height: _____ Weight: _____

Jersey Size (circle one): M L XL Shorts Size (circle one): M L XL

Are you a US citizen? Y N Do you have a Green Card? Y N

Medical & Injury Notes (past 5 years) _____

Professional Experience:

Team/League/Div: _____ Yrs/played _____ Coach _____

Team/League/Div: _____ Yrs/played _____ Coach _____

College Experience:

College attended: _____ Yrs/played _____ Coach _____

Phone Number: _____ E-mail: _____

Club Experience:

Payment:

Visa / MC (circle one): _____ Exp: _____ Security code _____

Cardholder Name: _____ Cardholder Signature: _____

Date: (Pick one) ___ Jan 19 - 22 ___ Feb 2 - 5 ___ Mar 2 - 5

****Please send payment, references, photo and any other playing information along with application**