

Charleston Battery Trial Camp Application

Please attach a recent photo to your application.



Name: _____ Date of Birth: _____

Position Played: _____ Height: _____ Weight: _____

Mailing Address: _____

City: _____ State/Country: _____ Zip: _____

Current Phone: _____ Cell Phone: _____

E-mail: _____

(Email will be used as primary means of contact)

Are you a US citizen? Y N

If no...Do you have a Green Card? Y N Country of citizenship _____

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: _____

Payment: NOTE - CREDIT CARD OR MONEY ORDERS ONLY

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

Cardholder Name: _____ Cardholder Signature: _____

Billing address: _____ City _____

State / Zip _____ Country _____

Date: (Pick one) ___ Jan 19 - 21 ___ Feb 2 - 4 ___ Mar 2 - 4

****Please send payment (\$300), references, photo and any other playing information along with application**