Try-Out Event for SASP / SCTP

Team Name:_____ State: _____

Head Coach:_____ Date of Event:_____

Name of Facility:_____

Facility Address:_____

How many attendees are you expecting to come to this event? _____

NOTE: ALL NON-SSSF MEMBERS MUST COMPLETE THE SSSF TRY-OUT WAIVER FORM. ALL MINORS MUST HAVE THE TRY-OUT WAIVER SIGNED BY A PARENT BEFORE PARTICIPATING IN THE TRY-OUT EVENT. TRY OUT NOTICE FORM MUST BE RECEIVED BY SCTP NATIONAL DIRECTOR (wayne@mysctp.com) or SASP NATIONAL DIRECTOR (john@mysasp.com) PRIOR TO THE EVENT.

ALL TRY OUT WAIVERS AND SIGN IN SHEETS MUST BE RECIEVED BY THE SCTP OR SASP NATIONAL DIRECTOR WITHIN 48 HOURS OF THE EVENT.

Try-Out Event Follow-Up

Team Name:_____ State: _____

Head Coach:_____ Date of Event:_____

How many people attended this event? _____

Send this try-out event follow-up form along with all try-out waiver forms and sign-up sheet to SCTP National Director (wayne@mysctp.com) or SASP National Director (john@mysasp.com)

All forms must be submitted to us no later than 48 hours following the event.