



# HIGHLAND PARK SOCCER ACADEMY

## Tryout Attendance Tracking

Date: \_\_\_\_\_

Player First Name: \_\_\_\_\_

Player Last Name: \_\_\_\_\_

Player DOB: \_\_\_\_\_

Parent Full Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Please turn in the form to the Attendance location provided or to a team manager at the tryout.

Thank you.

Thank you for your interest in HP Soccer Academy. If you have questions, please email us at [inquiry@hpsocceracademy.com](mailto:inquiry@hpsocceracademy.com).