

The Wenatchee Venom Indoor Professional Football Team
OPEN TRYOUT REGISTRATION FORM

DATE: SATURDAY, MARCH 13th, 2010

LOCATION: Boise State University,
Caven Williams Sports Complex

REGISTRATION: 2:00 p.m.

ADDRESS: 1910 University Drive,
Boise, ID 83725

WORKOUT BEGINS: 3:00 p.m.

PHONE: The Wenatchee Valley Venom

FEE: \$40.00 **PRE-REGISTRATION (on or before 3/12/10)** Recommended

Office: (509) 888-3666

\$50.00 **DAY OF EVENT** (cash, check, and credit card)

or (208) 353-6595

*To pre-register, please complete this form e-mail: coachsmith@wenatcheevenom.com
or Fax: (509) 888-4185

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____ E-Mail: _____

Arena Position (Please Circle One): WR DB QB FB LB OL DL

High School: _____ City: _____ State: _____

Position(s): _____

College: _____ City: _____ State: _____

Position(s): _____

Did you graduate (Circle): YES or NO If yes, date and name of degree: _____

Professional Experience (Team - Year)

1. _____

2. _____

3. _____

STAFF USE ONLY

HT: _____ WT: _____ 40 Time: _____ / _____ Shuttle Time: _____ / _____

L-Drill: _____ / _____ Broad Jump: _____ / _____ 225lb Bench Press : _____