



Illini Magic AAU Basketball Team Tryouts Registration Form

Athlete's Name: _____

Preferred Jersey Numbers: _____ , _____ , _____

Date of Birth: MO: _____ DAY: _____ YEAR: _____

Grade: _____ (as of 5/1/2019) School: _____

Home Street Address: _____

City, State, Zip: _____ , _____ , _____

Primary Contact/Home Phone: _____

Parent Name(s): Mother: _____ Father: _____

Mother's Cell Phone: _____ Father: _____

Mother's Email: _____ Father: _____

