



Blue Star Event Application

Event: _____ Session I / II

Players Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone

Hm: _____ **Cell:** _____ **Cell:** _____

Email

Player: _____

Parents: _____ **Parents:** _____

School

Current: _____ **Future (HS):** _____

Grade: _____ **Position:** _____ **Age:** _____ **Birth Date:** _____

Parents/Guardian

Mother: _____ **Father:** _____

Parent Signature

Date

Office Use

Event: _____ **Date(s):** _____ **Site:** _____

Amt: _____ **Payment type:** _____ **Ck #:** _____ **Waiver:** _____