



Citadel Futbol Club

Try Out Exemption

Request Form

Please Fill Out The Following Information:

Name: _____ **Date Of Birth:** _____

Parents Names: _____ **Phone #:** _____

Address: _____ **City/State:** _____ **Zip:** _____

E-mail (required): _____

Current Citadel Team: _____ **Coach:** _____

Age Group Requesting To Play In: _____

I can not participate in Citadel's regularly scheduled tryouts because:

May 15, 2007 Application Deadline

**Please Mail To: Hani Rabi, Citadel Director of Coaching, PO Box 8163,
Ft. Wayne, IN 46898-8163**