



2008-2009 MENACE ACADEMY TRYOUTS

**TRYOUT COST IS \$25 - \$15 IF POSTMARKED BY 5/1/08
ALL PLAYERS ATTENDING TRYOUTS WILL RECEIVE A
TRYOUT T-SHIRT AND TICKET TO A MENACE GAME!**

DATE	TIME	AGE Group	
Tuesday, May 27	5:30 – 7pm	U11/12 Boys & U11/12 Girls	
Wednesday, May 28	5:30 – 7pm	U13 Boys & Girls	
Thursday, May 29	5:30 – 7pm	U14 Boys & Girls	
Friday, May 30	5:30 – 7pm	U15 boys & Girls	
Monday, June 2	5:30 – 7pm	U11/12 Boys & U11/12 Girls	
Tuesday, June 3	5:30 – 7pm	U13 Boys & Girls	
Wednesday, June 4	5:30 – 7pm	U14 Boys & Girls	
Thursday, June 5	5:30 – 7pm	U15 Boys & Girls	
*Monday, June 9	5:30 – 7pm	U11/12 Boys	RAIN DATE
	6:45 – 8pm	U13 Boys	RAIN DATE
*Tuesday, June 10	5:30 – 7pm	U11/12 Girls	RAIN DATE
	6:45 – 8pm	U13 Girls	RAIN DATE
*Wednesday, June 11	5:30 - 7pm	U14 & U15 boys	RAIN DATE
	6:45 – 8pm	U14/15 Girls	RAIN DATE
Thursday, June 12	5:30 - 7:30pm	U16, 17, 18 Boys & Girls	
Monday, June 16	5:30 - 7:30pm	U16, 17, 18 Boys & Girls	
*Rain dates			

Questions?
Contact: Tawnya Mann
515.457.6034
tmm@menacesoccer.com

**2008 BIRTH DATE
GUIDE**

U11	8/1/97 - 7/31/98
U12	8/1/96 - 7/31/97
U13	8/1/95 - 7/31/96
U14	8/1/94 - 7/31/95
U15	8/1/93 - 7/31/94
U16	8/1/92 - 7/31/93
U17	8/1/91 - 7/31/92
U18	8/1/90 - 7/31/91

Mail your Academy tryout registration form to:
Des Moines Menace Academy Tryouts
6400 Westown Parkway, West Des Moines, IA 50266

TRY OUTS HELD AT
ALIBER SOCCER COMPLEX
(63rd & Grand, West Des
Moines, IA)

NAME _____ D.O.B. ___/___/___ FALL 2008 GRADE _____

MOST RECENT CLUB TEAM _____

TEAM TRYING OUT FOR: U11 U12 U13 U14 U15 U16 U17 U18 _____ Girls _____ Boys

T-SHIRT SIZE: ___SMALL ___MEDIUM ___LARGE ___X-LARGE

PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY _____, IA ZIP _____

CONTACT PHONE _____ SECONDARY PHONE _____

METHOD OF PAYMENT
 CASH CHECK - CHECKS PAYABLE TO: DES MOINES MENACE
 VISA MC DISCOVER AE

CC # _____ EXP. DATE _____

I hereby release the Des Moines Menace and its coaches and staff from any and all claim's of liabilities of any kind of personal injury and property damage incurred during participation in this tryout. I certify that my child is in good health and is able to participate.

Office Use Only: Date Received _____ Pymt _____