



NORMAN WILD MIDEGET AAA

Hockey Try-Out Registration

2018-2019

Name of Player: _____ Date of Birth: ____/____/____

D M Y

First Year Bantam

Second Year Bantam

Player Contact Information: _____ (Cell) E-mail: _____

Medical Health Registration # (6 Digits): _____ PHIN# (9 Digits): _____

Shoots Left

Shoots Right

of Years you have played hockey: _____ Height: _____ Weight: _____

Team you played for in 2017-2018: _____

Position you wish to play: 1st Choice: _____ 2nd Choice: _____

Positions you have played: _____

Parent Contact Information:

Mother: _____ Father: _____

Address: _____ Address: _____

Phone: _____ (H) Phone: _____ (H)

_____ (C) _____ (C)

E-mail: _____ E-mail: _____

Registration Fee: \$125 Paid With: Cash Cheque

Please return Registration form and payment (cheque or e-transfer) to Head Coach:

Karl Steppan

Box 1153

The Pas MB R9A 1L2

Email- ksteppan@mymts.net

Registration will not be considered complete without payment