



NORMAN NORTHSTARS
2018/19 TRYOUT CAMP REGISTRATION FORM

NAME: _____

HEIGHT: _____ WEIGHT: _____

BIRTHDATE: YEAR _____ MONTH _____ DAY _____

STREET/BOX: _____

TOWN/CITY: _____ POSTAL CODE: _____

PARENTS/GUARDIANS: _____

HOME PHONE: _____ Cell: _____

PERSONAL HEALTH I.D. NUMBER: _____

SCHOOLING INFORMATION

HIGH SCHOOL ATTENDED: _____

APPROXIMATE GRADE AVERAGE: _____

HONORS/AWARDS RECEIVED: _____

HOCKEY INFORMATION

2017-2018 TEAM: _____

HEAD COACH: _____

POSITION PLAYED: _____

SHOOTS: _____

HONORS/AWARDS RECEIVED: _____

WILL YOU BE ATTENDING THE TRY-OUT CAMP (CHECK ONE)?

____ YES I WILL BE ATTENDING (PAYMENT ENCLOSED \$180.00 TRY OUT FEE)

____ NO I WILL NOT BE ATTENDING

IF NO, PLEASE PROVIDE REASON: _____
