



**AAA U15**  
**CAMP REGISTRATION FORM**

NAME: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

BIRTHDATE: YEAR \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_

STREET/BOX: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PARENTS/GUARDIANS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PERSONAL HEALTH I.D. NUMBER: \_\_\_\_\_

**HOCKEY INFORMATION**

2019-2020 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 \$150.00 TRY OUT FEE)

\_\_\_\_\_ NO I WILL NOT BE ATTENDING

IF NO, PLEASE PROVIDE REASON: \_\_\_\_\_

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Please return to Rob Bilawka (204) 307-0719 [bilawkarob@gmail.com](mailto:bilawkarob@gmail.com)  
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