



ZONE 3 WINTER GAMES TRYOUT FORM

PLEASE PRINT

Player's name _____

Address _____

City _____ Postal Code _____

Birthdate _____ Care Card # _____

E-Mail _____

Home phone _____ Years played _____

Parent/Guardian name's _____

Emergency contact person & number _____

Current level of play & Association _____

Position _____

Payment / \$50.00 Cheque _____ Cash _____

Please attach a PHOTOCOPY of Proof of Residency and Birth Certificate

Please complete form prior to arriving at tryouts. Thank you.