



Wichita Falls Wildcats Junior A Hockey 2012 Tryout Camp Registration Form

Confirmation of spot in camp cannot be guaranteed until payment has been received, payment is non-refundable
(Camp is filled on a first come-first serve basis, limited to 4 teams total)

CHECK ONE:

_____ **May 11-13, Minnesota Open Camp – YMCA, Andover, MN**

_____ **May 18-20, Colorado Open Camp – Edge Ice Rink, Littleton, CO**

PERSONAL INFORMATION

Name (Last) _____ (First) _____ (MI) _____

Date of Birth _____ Height _____ Weight _____

Address: _____ (City) _____ (State/Province) _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____ USA Hockey Number _____

Parent's Name _____ Phone _____

ATHLETIC INFORMATION

Current Team _____ League _____

Position(s) _____ Shoots: Left Right

Coach's Name _____ Coach's Phone Number _____

Teams you have played with the last year: Statistics / (Goalies)

Year _____ Team _____ GP _____ G/(GAA) _____ A/(SV %) _____ PIMS/(SO) _____

Please return this form to:

Wichita Falls Wildcats
1002 5th Street
Wichita Falls, TX 76301
Or Fax to: (940) 716-5544

Payment Information - \$275

Check Number _____ is enclosed _____ ; OR – has been mailed _____ Date: _____

_____ VISA _____ Master Card Expires: ___/___ Card Number _____ - _____ - _____ - _____ Code#: _____

Name on Card: _____

Street Address for Card: _____ Zip: _____