



**NORMAN NORTHSTARS**  
**2019/20 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**

2018-2019 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: \_\_\_\_\_  
\_\_\_\_\_