

Team Indiana Player Profile

Please complete this form entirely and legibly

Player Name _____

Date of Birth _____ USA hockey # _____

Home address _____

City _____ State _____ Zip code _____

Player cell number _____

Player email address _____

Parents#1 name _____ Parent#2 _____

Parent #1 cell# _____ Parent#2 cell# _____

Parent #1 email address _____

Parent #2 email address _____

High School currently attending _____

City _____ State _____

Year in School- (circle one) FR SO JR SR

Height _____ Weight _____

Position _____ Shoot L/R _____

Current High School Team _____

Current Club Team _____

Make Tryout fee checks payable to Team Indiana

Try out Fee: \$60.00

All checks are mailed to:

Katie Miller Team Indiana General Manager

2256 Moon Shadow Lane

Indianapolis, Indiana 46280