



BLIND RIVER BEAVERS JUNIOR A HOCKEY CLUB

Try Out Application

PLAYER INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	DOB
STREET ADDRESS			APT/UNIT #
CITY		PROV/STATE	POSTAL/ZIP CODE
PHONE NUMBER		EMAIL ADDRESS	
PARENT NAME(S)		PARENT PHONE NUMBER	

HOCKEY INFORMATION

POSITION:	W	C	G	D	FORMER TEAM/LEVEL:
HAND:	R	L			GENERAL MANAGER:
HEIGHT:					MANAGER PHONE:
WEIGHT:					MANAGER EMAIL :
PREVIOUS INJURIES/CONCUSSIONS:					

DISCLAIMER/SIGNATURE

I certify that I have permission from my former team to attend these tryout sessions with the Blind River Beavers Junior A Hockey Club.

SIGNATURE

DATE

PLEASE EMAIL ALL FORMS TO HEAD COACH KYLE BRICK TO RESERVE YOUR SPOT:
kyle_brick@hotmail.com