

**TOLEDO CHEROKEE 2011 AUGUST TRYOUT CAMP
REGISTRATION FORM**

Dates: August 19th – 21st, 2011

Location: Toledo Ice House
1258 W. Alexis Rd.
Toledo, OH 43612
(419) 476-4690



Fee: \$200.00 (NON-REFUNDABLE) \$100.00 for July attendee

PERSONAL INFORMATION

Player's Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Height	<input type="text"/>
Parents' Names	<input type="text"/>		

ADDRESS

Street	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>	ZIP	<input type="text"/>
		Country (if not U.S.)	<input type="text"/>

CONTACT INFORMATION

Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
E-Mail	<input type="text"/>		
2010/2011 Team	<input type="text"/>		

PLAYER INFO & STATISTICS

Position	<input type="text"/>	Shot	<input type="text"/>
Games Played	<input type="text"/>	Goals	<input type="text"/>
		Assists	<input type="text"/>
Goalie Stats	GAA	<input type="text"/>	Save %
		<input type="text"/>	<input type="text"/>
USA Hockey Confirmation Number for 2011/2012*		<input type="text"/>	
*CANNOT GO ON THE ICE WITHOUT THIS			

PAYMENT INFORMATION

Check Number	<input type="text"/>	Amount	<input type="text"/>	\$200.00 (\$100.00)
Credit Card Type	<input type="radio"/> Discover <input type="radio"/> Mastercard <input type="radio"/> Visa			<input type="text"/>
				(type in card type)
Credit Card Number	<input type="text"/>		Expiration Date	<input type="text"/>

Please complete this form on your computer, print, and return it to:

Toledo Cherokee Hockey Club • Attn: 2011 August Tryout
5218 Main St. • Sylvania, OH 43560
Fax: (419) 882-9000 • Email: ssyring@gmail.com

