



**TEAM NEW JERSEY
TRYOUT
REGISTRATION FORM**

Player's name _____

\
Address (Street, City, State & Zip) _____

Home Phone: _____ Cell Phone: _____

Grade in School: _____ Birth Date: _____

Height _____ Weight _____

High School _____ City _____

School has high school hockey?

() Yes

() No

() Varsity

() JV

Position

() Forward

() Defense

() Goalie

'06-'07 Current Grade in school:

() Senior

() Junior

Club Hockey Team: _____ Level: _____

To Pre-Register, mail completed form, USA Hockey waiver and \$50 check by March 16 (or fax to 973-812-8086 AND mail check prior to first tryout):

Team New Jersey - Chicago Showcase

AAHA

c/o Hughes

1113 McBride Avenue

West Paterson, NJ 07424

nhues@msn.com

Please make the check payable to AAHA.

This program is run by the Atlantic District, an affiliate of USA Hockey.