



## Rookie Camp Tryout Application

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Previous Team: \_\_\_\_\_

Position: \_\_\_\_\_ Shoots L/R: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date Of Birth: YYYY \_\_\_\_\_ DD \_\_\_\_\_ MM \_\_\_\_\_

All tryouts are at Iceland Arena 705 Matheson Blvd, Mississauga, Ontario

Make your cheque \$275.00 (CAD) payable to "Mississauga Chargers Hockey Club". Please mail your cheque and this application until March 31st to:

Mississauga Chargers H/C  
2121 Lakeshore Blvd West, #1211  
Toronto, ON  
M8V 4E9

Please arrive 1½ hours early to check in.

By signing this application I acknowledge that I am required to obtain proper permission to skate from my previous club. I understand that this is not a guarantee of placement within the Mississauga Charger organization. I acknowledge the \$275.00 (CAD) non-refundable registration fee covers the cost of the evaluation sessions.

Signature: \_\_\_\_\_

Parent: \_\_\_\_\_

(Required if player is under 18)