



2016-2017 AC Sharks Youth Hockey Club
TRYOUT Application

Please Circle One: MITE / SQUIRT/ PEEWEE/ BANTAM/ MIDGET U16 / MIDGET U18

Date of Birth: / /

Player's Last Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Player's First Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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City:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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State:

<input type="text"/>	<input type="text"/>
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Zip:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Player's Email Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Jersey Size: Circle One

YS YM YL YXL AS AM AL AXL AXXL

Team Played For 2015/16 (include level): _____

Team Played For 2014/15 (include level): _____

Team Played For 2013/14 (include level): _____

Player Position: Forward Defenseman Goaltender

Height: _____ Weight: _____

Shoots: Left Right

Parent's Information

Father's Last Name:

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Father's First Name:

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Father's Email Address:

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Father's Home Phone

(____)-____-_____

Father's Cell Phone

(____)-____-_____

Mother's Last Name:

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Mothers First Name:

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Mother's Email Address:

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Mother's Home Phone

(____)-____-_____

Mother's Cell Phone

(____)-____-_____

Circle One: Cash Check M.O. Credit Card

Please return completed and signed application with full payment to:

**Flyers Skate Zone, Atlantic City
"AC Sharks Registration"
501 N. Albany Ave
Atlantic City NJ 08401
609-441-1780**