



# Tryout Application

PLEASE CIRCLE ONE

MITE

SQUIRT

PEEWEE

BANTAM

MIDGET 16U

MIDGET 18U

DATE OF BIRTH: \_\_\_\_\_

PLAYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PLAYERS EMAIL: \_\_\_\_\_

2016-17 TEAM (INCLUDE LEVEL) : \_\_\_\_\_

2015-16 TEAM (INCLUDE LEVEL): \_\_\_\_\_

2014-15 TEAM (INCLUDE LEVEL): \_\_\_\_\_

PLEASE CIRCLE ONE

JERSEY SIZE:    YOUTH S    YOUTH M    YOUTH L    YOUTH XL    ADULT S    ADULT M    ADULT L    ADULT XL    ADULT XXL

POSITION:    FORWARD    DEFENSEMAN    GOALTENDER    SHOOTS:    LEFT    RIGHT

HEIGHT \_\_\_\_\_ WEIGHT: \_\_\_\_\_

FATHER'S FIRST & LAST NAME: \_\_\_\_\_

FATHER'S EMAIL ADDRESS: \_\_\_\_\_

FATHER'S HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER'S FIRST & LAST NAME: \_\_\_\_\_

MOTHER'S EMAIL ADDRESS: \_\_\_\_\_

MOTHER'S HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Please Make Checks Payable to:  
Flyers Skate Zone

Please Return Signed Application with your **\$125 non-refundable** tryout  
fee to the front desk or mail to:

Questions? Contact Jared Siganuk  
609-441-1780 ext 226

Flyers Skate Zone

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AC Sharks Registration | 501. N Albany Ave. | Atlantic City, NJ 08110

**AC.FlyersSkateZone.com**