



Tryout Application

PLEASE CIRCLE ONE

8U 10U 12U 14U 16U 18U

DATE OF BIRTH: _____

PLAYER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

PLAYERS EMAIL: _____

2017-18 TEAM (INCLUDE LEVEL) : _____

2016-17 TEAM (INCLUDE LEVEL): _____

2015-16 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

Jared_Siganuk@comcastspectacor.com

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

AC.FlyersSkateZone.com