



Tier I Tryout Application

PLEASE CIRCLE ONE

09 08 07 06 05 04 03 02 16U 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: _____

NO CHECKS AFTER MARCH 21

**Please Make Checks Payable to:
Flyers Skate Zone**

**Please Return Signed Application with your \$150 non-refundable tryout
fee to the front desk or mail to:**

Questions? Contact Jamie Oswald
856-488-9300 ext. 123

Virtua Health Flyers Skate Zone | 6725 River Road | Pennsauken, NJ 08110

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VirtuaHockey.com