2009-2010 Jr. Phantoms Tier II Hockey Club
TRYOUT Application

Please Circle One: BANTAM
MIDGET MINOR MIDGET MAJOR

Date of Birth: ____/ ____/_____

Player's Last Name:

Player's First Name:

Player Social Security #:

___ - ___ - ____

Home Phone Number:

Address:

City:

State: Zip:

Player's Email Address:

Team Played For 2008/09 (include level): _____
Team Played For 2007/08 (include level): _____
Team Played For 2006/07 (include level): _____

Jersey Size: Circle One

YS YM YL YXL AS AM AL AXL AXXL

Player Position: □ Forward □ Defenseman □ Goaltender
Height: _____ Weight: _____
Shoots: □ Left □ Right

PLEASE TURN OVER

Parent's Information

Father's Last Name:

Father's First Name:

Father's Email Address:

Father's Home Phone

Father's Cell Phone

Mother's Last Name:

Mothers First Name:

Mother's Email Address:

Mother's Home Phone

Mother's Cell Phone

Please return this application with your **$110 non-refundable** tryout fee to front desk or mail to:

Flyers Skate Zone
6725 River Road
Pennsauken, NJ 08110

Please make checks out to: Flyers Skate Zone at Pennsauken

For more information, please call Jamie Oswald @ 856-488-9300 ext 123