



Shock Team Tryout Registration

Player Name _____ Age _____

Birthdate _____ Grade _____ AHC# _____
(dd/mm/yy)

Seasons Played _____ Teams Played for _____

Address _____

_____ (city) _____ (postal code)

Telephone (403 or 780) _____

Email _____

Parents/Guardians Info:

Name _____ Name _____

Address _____ Address _____

Home # _____ Home # _____

Work # _____ Work # _____

Cell # _____ Cell # _____

Registration Fees (includes Shock t-shirt):

Camp \$75.00 Cash _____

How did you hear about the Shock?

Friend (if so who), Coach, Newspaper, Poster or _____