



SKATE UP TRYOUT REQUEST FORM

Parents Name _____ Date _____

Phone # _____

Address _____

E-mail _____

Player's Name _____

Player's Birthdate _____ Height _____ Weight _____

WHAT AGE CLASSIFICATION DOES THE SKATER WISH TO TRYOUT FOR?
-- Please circle one

Mite Squirt Peewee Bantam

Why would you like your child to tryout for an older age classification?

PLEASE NOTE: A player who tries out for an older age classification must also tryout in his/her actual age group as well.