



**Corpus Christi IceRays "2016 Virginia Open Camp" Registration**



**Please print clearly** and return this form to [virginiacamp@goicerays.com](mailto:virginiacamp@goicerays.com)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

2016-2017 USA Hockey Number: \_\_\_\_\_  
(Please provide a copy of USA Hockey Number)

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoot L/R: \_\_\_\_\_ Position: \_\_\_\_\_

Phone (Player): \_\_\_\_\_ (Parent): \_\_\_\_\_

Player Email: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

G.P.A.: \_\_\_\_\_ ACTs: \_\_\_\_\_ SATs: \_\_\_\_\_

Last Team: \_\_\_\_\_ Level: \_\_\_\_\_ League: \_\_\_\_\_

Stats (GP) \_\_\_\_\_ (G) \_\_\_\_\_ (A) \_\_\_\_\_ +/- \_\_\_\_\_ PIMs \_\_\_\_\_

G.A.A.: \_\_\_\_\_ Save %: \_\_\_\_\_ Record \_\_\_\_\_ Shutouts: \_\_\_\_\_ Catches: \_\_\_\_\_

Last Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Injuries: \_\_\_\_\_

**Payment for "2016 Virginia Open Camp" Entry Fee:**

Name of Cardholder or on Check: \_\_\_\_\_

**Type of Payment** (circle one): Check Visa MC Disc AMEX

CC# \_\_\_\_\_ Exp \_\_\_\_\_

Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Authorized Signature for Entry fee of \$250.00 (US Dollars) \_\_\_\_\_