



**AAA BANTAM
CAMP REGISTRATION FORM**

NAME: _____

HEIGHT: _____ WEIGHT: _____

BIRTHDATE: YEAR _____ MONTH _____ DAY _____

STREET/BOX: _____

TOWN/CITY: _____ POSTAL CODE: _____

PARENTS/GUARDIANS: _____

HOME PHONE: _____ Cell: _____

EMAIL ADDRESS: _____

PERSONAL HEALTH I.D. NUMBER: _____

HOCKEY INFORMATION

2015-2016 TEAM: _____

HEAD COACH: _____

POSITION PLAYED: _____

SHOOTS: _____

HONORS/AWARDS RECEIVED: _____

WILL YOU BE ATTENDING THE TRY-OUT CAMP (CHECK ONE)?

____ YES I WILL BE ATTENDING (*PAYMENT ENCLOSED \$100.00 TRY OUT FEE*)

____ NO I WILL NOT BE ATTENDING

IF NO, PROVIDE REASON: _____

Please return to Rob Bilawka 204 307 0719 bilawkarob@gmail.com
180 Westwood Dr Thompson Man. R8N 0E9