



The Pas Minor Hockey Association

thepasminorhockey.ca

Box 794

The Pas, MB R9A 1K8

Rep Team Tryout Application Form

PLEASE NOTE:

Mandatory fee of thirty (\$30.00) dollars MUST be paid in full PRIOR TO first tryout session

PLAYER'S NAME: _____

DATE OF BIRTH (Month/Day/Year): _____

PARENT/GUARDIAN'S NAME: _____

CONTACT INFORMATION:

Email(s): _____

Phone Number(s): _____

AGE DIVISION FOR TRYOUT *(Please check all that apply):*

- ☐ U11 – 1st Team
- ☐ U11 – 2nd Team
- ☐ U13 – 1st Team
- ☐ U13 – 2nd Team
- ☐ U15 – 1st Team
- ☐ U15 – 2nd Team

Please note: A secondary fee will **NOT** be required if trying out for both the 1st and 2nd Teams.

The Pas Minor Hockey Office Use Only

PAID BY (Circle one): CASH CHEQUE ONLINE PAYMENT

Was fee included with registration (Circle one): YES NO