



# Pittsburgh Hornets

## PLAYER CONTACT INFORMATION:

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

Date of Birth: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Parent/Guardian Work Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Other Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

## HOCKEY EXPERIENCE:

Played (level): \_\_\_\_\_ with (organization): \_\_\_\_\_ 2006-2007

Preferred Position: \_\_\_\_\_ offense \_\_\_\_\_ defense \_\_\_\_\_ goalie

## PAYMENT INFORMATION:

*Please issue two (2) checks, made payable to **Pittsburgh Travel Hockey Association, Inc.***

*One for \$85.00 – Tryout fee (non-refundable)  
One for \$300.00 – Commitment fee*

*You must provide a copy of the player's state issued birth certificate at tryouts.*

To be completed by Registrar:

- \_\_\_\_\_ Registration Form
- \_\_\_\_\_ Participation Agreement
- \_\_\_\_\_ Consent to Treat
- \_\_\_\_\_ Waiver of Liability
- \_\_\_\_\_ Birth Certificate

Birth Year Registered for: \_\_\_\_\_

Jersey Color/Number: \_\_\_\_\_

Position: \_\_\_\_\_

Tryout Fee:

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

Commitment Fee:

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

Jersey Size (Circle 1): YM YL AS AM AL AXL XXL XXXL Goalie Cut (Adult XXL only)

Hockey Bags: Gym \_\_\_\_\_ Player Bag \_\_\_\_\_ Goalie Bag \_\_\_\_\_

**ALL UNIFORMS AND BAGS MUST BE PAID IN FULL BEFORE ORDER IS PLACED**

