

EASTERN MASS SENATORS TRYOUT APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ PHONE _____

HEIGHT _____ WEIGHT _____ SHOT _____ POSITION _____

E-MAIL ADDRESS _____

HIGH SCHOOL/COLLEGE ATTENDING IN 2010-2011 _____

WHAT YEAR OF SCHOOL WILL YOU BE IN ? _____

WHAT OTHER VARSITY SPORTS DO YOU PLAY? _____

DID YOU PLAY FOR A USA HOCKEY REGISTERED TEAM IN THE 2009-2010 SEASON _____

IF YES, WHAT TEAM? _____

PLEASE FILL OUT AND RETURN WITH YOUR PAYMENT TO:

EASTERN MASS HOCKEY
5 GEORGE AVE.
WOBURN, MASS. 01801

CHECKS SHOULD BE MADE OUT TO: EASTERN MASS HOCKEY

***FOR ADDITIONAL COPIES OF THIS APPLICATION YOU CAN VISIT OUR WEB SITE

www.easternmasshockey.com