

**EASTERN MASS SENATORS TRYOUT APPLICATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SHOT \_\_\_\_\_ POSITION \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

MIDDLE SCHOOL/HIGH SCHOOL 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](http://www.easternmasshockey.com)