2013-2014

www.kwlightning.ca

TRYOUT REGISTRATION FORM

Please fill out all fields below and email to					
allan.bush@cibc.ca Please indic	ate which to	eam you are trying out fo	r.		
Bolts Born 2006, 2007 & 2008	Bantam Born 2001			J ₁	uvenile Born 1997
Novice Born 2004, 2005 & 2006	Major Bantam Born 2000			J	unior Born 1996 & 1997
Atom Born 2003	Midget Born 1999				UEL Born 1996 & 1997
Major Atom Born 2002	□ N	Major Midget Born 1998			cost to tryout
PLAYER SURNAME:		PLAYER FIRST	Г NAME:		
Player's Email Address:					
PARENT #1 NAME:		PARENT #2 NA	ME:		
Parent #1 Email Address:		Parent #2 Email A	ddress:		
Home Mailing Address:					
City:		Postal Code:			
Home Phone #: (Please include Area Code)		Cell Phone #: (Ple	ase include Are	ea Code)	
Postion:		Date of Birth:	Day	Month	Year
High School:		Height:	Feet	Inches	
Gradutating Year:		FOR OFFICE USE	TRYOUT	#	