



PLAYER TRYOUT NOTIFICATION FORM

Part I – Try Out F	orm [Com	pleted by parer	nt or player, g	iven to coach b	efore going or	ice].	
Player's Surname:			Given:	Given:			
Birth Date: (M/D/Y)			Given.			=	
Home Phone:			— Plaver F	Player RO Number:			
Home Association:							
Attending tryouts with:			Team (Division/Level):				
The following parties at the possibility that this							
		Printed Name	e	Signature		Date	
Parent/Player							
Home Association l	President						
or Designate (specif							
Current Association Pre applicable):	esident (If						
Part II – Player Re ordinator of the Relea Reason for release re Level of Play/A Age Division: Level of Play Reque Other: [Indicate	request: Age Group I ested: te the reaso	n by November 1 not available in U10 C on here]	home associ	e region establish	es an earlier da	16 A	U19 Provincial
	Assoc.		Printed Na		Signature		Date
Parent/Player	ASSUL.		1 micu mai	IIC .	Signature		Date
Releasing Association President							
Releasing Region M.S. Co-ordinator							
Receiving Association President							
Receiving Region							

Revised August 2018 M-F-07