

NORTH STARS 2010 tryout camp registration

SELECT A CAMP: May 21-23, 2010 (\$300)
Suburban Ice Arena, Lansing

June 25-27, 2010 (\$300)
Centre ICE, Traverse City

INVITE-ONLY
FINAL CAMP
July 23-25
Centre ICE, TC

Name _____

Date of Birth _____

Home address _____

City/State/Zip _____

Billet address _____

City/State/Zip _____

Home phone _____

Billet phone _____

Mobile phone _____

U.S. Soc. Sec. #/Canadian SIN# _____

E-mail _____

Father's name _____

Occupation _____

Mother's name _____

Occupation _____

Father's work phone _____

Mother's work phone _____

of siblings _____ Names/ages _____

High School _____

Date of Graduation _____

Address _____

Principal/Counselor _____

Phone _____

Grade Point Avg. _____ ACT score _____

SAT(verbal) _____ (math) _____

If you have not taken the ACT/SAT, list test and date you plan to take _____

Have you applied to the NCAA Clearinghouse? Yes No _____

Have you been cleared? Yes No _____

Present team _____

Coach/phone _____

Position _____

Shot R L _____ Ht. _____ Weight _____

Stats to date: Games _____ Goals _____ Assists _____ PIMs _____

Last season's team _____ Coach/phone _____

Stats: Games _____ Goals _____ Assists _____ PIMs _____

College academic interests _____

Subscriber(s) responsible for player's insurance _____

Home phone _____

Primary insurance company _____ Group # _____

Policy # _____

Health concerns _____

Last physical _____

Method of payment: check/money order Credit card (circle one) Visa MC Discover American Express

Card # _____ Exp (MM/YY) _____ 3-digit code _____

Cardholder's full name/address/zip code _____

Cardholder's signature _____

MAKE CHECKS PAYABLE TO: TRAVERSE CITY NORTH STARS

1600 CHARTWELL DRIVE ● SUITE B ● TRAVERSE CITY, MICHIGAN 49686
PHONE 231.941.9200 ● FAX 231.941.9201 ● TRAVERSE CITY NORTH STARS.COM