



**Whaler Nation**  
**2015-2016**  
**TRY-OUT Registration**



I would like to register my son/daughter for tryout. There is a \$50.00 NON-REFUNDABLE tryout fee payable to Whaler Nation. Return completed registration form and payment to the Chilled Ponds by **Friday, May 1st.**

**Player Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Team played wth 2013-2014 Season:** \_\_\_\_\_

**Team registering for:**        **MITE**                      **SQUIRT**                      **PEEWEE**                      **BANTAM**                      **U16**                      **U18**

*(Trying out for a higher age classification is not permitted)*

**Position Desired:**                      **FORWARD**                      **DEFENSE**                      **GOALIE**

**Mother's Name:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

\_\_\_\_\_  
**Player Signature**

\_\_\_\_\_  
**Parent Signature**

<b>METHOD OF PAYMENT:</b>	
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____
<input type="checkbox"/> CREDIT CARD	
_____ Credit Card #	_____ Exp Date

**Try-out Dates:**

**MITE & SQUIRT May 11th, 12th, 14th 6:00pm**

**PEEWEE May 11th, 12th, 14th 7:00pm**

**BANTAM May 11th, 12th, 14th 8:00pm**

**U16 & U18 May 11th, 12th, 14th 9:00pm**

**For more information contact  
Whaler Nation Director Brad Jones-  
brad@chilledponds.com**