



## ECU Ice Hockey Club 2010-11 Tryout Application

<b>Name</b>	
<b>Position</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Position/Shot</b>	
<b>Previous Team</b>	
<b>Academic Year</b>	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Transfer
<b>Tryout Fee</b>	<input type="checkbox"/> New Player (\$50) <input type="checkbox"/> Returning Player (\$25)

*Please fill out form and bring to the informational meeting  
Aug. 25 with tryout fee*

**MAKE CHECKS PAYABLE TO: ECU ICE HOCKEY CLUB**

<b>Tryouts:</b> August 27-29
<b>Coaching Contacts:</b> <b>Paul Hinrichs</b> puckdoctor@nc.rr.com <b>Kelley Smith</b> kelley.smith73@gmail.com