Philadelphia Little Flyers
Junior Player Profile/Tryout Application
Birth Years 1995-1999 ONLY

Name _____ **Phone** _____ **Cell** _____
Street _____ Date of Birth _____ Height _____ Weight _____
City _____ State _____ Zip _____ E-mail _____
Position _____ Shot--- Right ☐ / Left ☐ Citizenship _____
GPA _____ SAT Score _____ ACT Score _____ High School as of Sept. 2015 Yes ☐ /No ☐
Mother's Name _____ Work/Cell Phone _____
Father's Name _____ Work/Cell Phone _____
Hockey Program Registered with in 2014-2015 _____
Coach _____ Phone _____ Cell _____
Please Check: ☐ Jr EHL Only ☐ JR MET Only ☐ Jr Both

STATS:

Year	Team	Games	Goals	Assist	PI M	GAA	Save%
2012-13							
2013-14							
2014-15							

Camp July 31st to August 2nd
Check in time 4 pm July 31st

2015 Philadelphia Little Flyers Hockey Tryout Camp Application

Each camp costs $225 (non-refundable). The Philadelphia Little Flyers try out camps include three games. Goaltender spots fill fast. Due to the goaltender selections process, goalies may be the last positions confirmed in camp. Each player will receive a camp jersey. It is your responsibility to carry personal medical insurance; the Philadelphia Little Flyers Hockey Club cannot be held responsible for any incident that occurs during camp. Payment and application should be mailed to the below address as soon as possible. Due to last minute changes, your team and schedule will be assigned upon check in. Payment must accompany the registration form. Player's who submit the form without payment will not be registered. Walk-ups will only be accepted on a space available basis.

Save this PDF form to your desktop. Open PDF . Fill out PDF as required. Resave PDF and attach file to an email to rrusso@littleflyers.org if paying by Credit Card or print file and mail to address below with payment by 07/15/2015. Chrome Users you must disable built in pdf reader to use fill PDF forms

METHOD OF PAYMENT
Check/Money Order (made payable to the **Pa College Hockey Development LLC**) Check number
Name on check if different than player
Name on Credit Card:_____ Visa or MasterCard
Credit Card Number:_____ Exp. Date:_____
CSV #:_____ Credit Card Billing Zip Code:_____
Card Holder Signature:_____

Mail applications to Philadelphia Little Flyers – Junior Tryouts, 827 Hunters Drive, Deptford, NJ 08096

www.littleflyers.org