

# USA HOCKEY AMERICA'S HIGH SCHOOL SHOWCASE

Formerly known as Chicago Showcase

**TRYOUT REGISTRATION FORM - FEE \$75, \$50 if paid before first tryout**

**FORM CAN BE emailed to [nhues@msn.com](mailto:nhues@msn.com) or faxed 973-812-8086  
and check or credit card brought to tryout**

## Participant Information

First Name:	_____	Team	<input type="radio"/> NJ
Last Name	_____	Position:	<input type="checkbox"/> Forward <input type="checkbox"/> Defense <input type="checkbox"/> Goalie
Address:	_____	Height	_____ Weight _____
City:	_____	High School	_____
State/Province:	_____	City	_____
Zip/Postal Code:	_____	Coach	_____
Home Phone:	_____	Coach's Phone Number	_____
Cell Phone:	_____	Club Hockey Team	_____
E-mail:	_____	Level	_____
Date Of Birth	_____		
Age	_____	2014-15 Grade in School	<input type="radio"/> Junior <input type="radio"/> Senior

Are you USA Hockey Registered? ☐ Yes  
All players must be registered. If not registered, you can register on line at [www.usahockey.com](http://www.usahockey.com) ☐ No

## Payment Information

Cash, Check or Credit or Debit Cards can be presented at tryout  
Please make checks payable to AAHA

Payment Type: ☐ Cash ☐ Check ☐ Credit Card

Payment Amount: \_\_\_\_\_

Check #: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date : \_\_\_\_\_ CVCC Code : \_\_\_\_\_

I, the applicant have read and understand the eligibility requirements and agree to the terms of the USA Hockey Waiver  
I hereby authorize payment. Please note: payee will be listed as Mid-Atlantic Amateur Hockey Association..  
**This program is run by the Atlantic District, an affiliate of USA Hockey.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_