



NA3HL
North Iowa Bulls
Tryout Camp Registration Form
August 5 and 6, 2011
Onalaska Omnicenter
255 Riders Club Rd Onalaska, WI 54650
\$175.00 (USD)

PERSONAL INFORMATION

Name (Last) _____ (First) _____ (MI) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Parent's Name(s) _____ Parent's Phone _____

Date of Birth _____ Height _____ Weight _____ USA Hockey # _____

ATHLETIC INFORMATION

Current Team _____ Position(s) _____ Shot: Left Right

Coach's Name _____ Coach's Phone _____ League _____

Teams you have played with the last year: Statistics/(Goalies)

Team _____ GP _____ G/(GAA) _____ A/(SV %) _____ IMS/(SO) _____

Confirmation of spot in camp cannot be guaranteed until payment has been received, payment is non-refundable.

Please return this form to:

North Iowa Bulls

P O Box 914

Mason City, Iowa 50402-0914

Or email to bthoms@northiowabulls.com

PAYMENT INFORMATION

Check # _____ is enclosed \$ _____ (Payable to North Iowa Bulls)

VISA/Master Card Card Number _____

Name on Card _____ Expiration Date _____

Street address for Card _____ Zip Code for Card _____