



Philadelphia Little Flyers
 Junior Player Profile/Tryout Application
Birth Years 1994-1998 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. 2014 Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mother's Name				Work/Cell Phone	
Father's Name				Work/Cell Phone	
Hockey Program Registered with in 2013-2014					
Coach				Phone	
				Cell	
Please Check: Jr EHL Only <input type="checkbox"/> Jr MET Only <input type="checkbox"/> Jr Both <input type="checkbox"/> Midget NAPHL 18U <input type="checkbox"/>					

STATS	Year	Team	Games	Goals	Assist	PI M	GAA	Save%
	2011-12							
	2012-13							
	2013-14							

Camp July 11th to 13th
Check in time 5 pm July 11th
2014 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 russo@littleflyers.org if paying by Credit Card** or print file and mail to address below with payment by July 3, 2014. **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

