

# 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), faxed to 973-812-8086 and check mailed to AAHA - 1113 McBride Avenue Woodland Park, NJ 07424**

## Participant Information

First Name:	_____	Team	<input type="radio"/> NJ	<input type="radio"/> Philadelphia
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	_____	2010-11 Grade in School	<input type="radio"/> Junior	<input type="radio"/> Senior

Are you USA Hockey Registered?

All players must be registered. If not registered, you can register on line at [www.usahockey.com](http://www.usahockey.com)

☐ Yes

☐ No

## Payment Information

Visa or MasterCard Accepted  
Please make checks payable to AAHA

Payment Type: ☐ Cash ☐ Check ☐ Credit Card

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

Credit Card #: \_\_\_\_\_

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

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

Name on Card: \_\_\_\_\_

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: \_\_\_\_\_