



A/B LEVEL ONLY
LOS ANGELES JR KINGS TRYOUT FORM
 (PLEASE PRINT -- FILL OUT COMPLETELY)

2008-2009 SEASON

I wish to tryout for the following team & level(s):

Check One: Midget A18U Bantam A PW A Squirt A1
 Squirt A2 Squirt B Mite A (2000) Mite B (2001)

PLAYER NAME: _____ POSITION _____

DATE OF BIRTH: _____ HT. _____ WT. _____

LAST SEASON CLUB: _____ DIVISION & LEVEL _____
 (e.g. Inhouse, LAJK, Wave, LAHC) (e.g. Mite through Midget, AA - B)

HOW MANY YEARS PLAYING? _____ SHOOTS R or L _____

PARENT NAME: _____ HOME TEL. # _____
 WORK TEL# _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT _____ PHONE/CELL _____

For Official Use Only

*Must submit proof of USA Hockey Membership for season ending 8/31/08

USA HOCKEY		TRYOUT DATE & PAYMENT		JERSEY	
Y	N*	DATE	CHECK#/CASH	No.	Color
USA Payment	CHECK#/CASH				
Date					
DEL					
Y	N				
Date Cleared					

IF PRE-REGISTERING: MAIL FORM & PAYMENT (MUST BE RECEIVED BY JUNE 25, 2008)

(\$30 PER TRYOUT SESSION)

TO: LA Jr. Kings
C/o: Rosemary Voulelikas
 425 Washington Street
 El Segundo, CA 90245