

2008 CHICAGO FORCE OPEN TRYOUT REGISTRATION

PLAYER'S NAME _____

PLAYER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ PHONE # _____

E-MAIL ADDRESS _____

POSITION _____ SHOOTS: LEFT _____ RIGHT _____

HEIGHT _____ WEIGHT _____

TEAM PLAYED FOR LAST SEASON _____

COACH'S NAME _____ COACH'S PHONE # _____

GAMES PLAYED LAST SEASON _____ GOALS _____ ASSISTS _____

GOALIES

TOTAL TEAM GAMES PLAYED _____ GAMES PLAYED _____

TOTAL SHOTS ON GOAL LAST SEASON _____

GAA _____ SAVE % _____

TEAM STATS: WINS _____ TIES _____ LOSSES _____

PERSONAL STATS: WINS _____ TIES _____ LOSSES _____

AMOUNT COLLECTED _____ CHECK # _____ CASH _____

CREDIT CARD # _____ EXP DATE _____

CHICAGO FORCE REPRESENTATIVE _____ DATE _____

TEAM ASSIGNED _____ NUMBER _____

Please return all completed forms to:

Dick Glass

Chicago Force Hockey

1655 Nations Drive

Gurnee, IL 60031

or Fax to 847-662-4462 Attention: Dick Glass