

# Wyoming Cutthroats 2018-2019

## Travel Team Registration Form



Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2018-2019 USA Hockey Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ cell.

Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ cell.

Email: \_\_\_\_\_

Primary Position:      Forward      Defense      Goalie

Secondary Position:      Forward      Defense

*(only select a Secondary Position if your player would be willing to play that position for the season)*

Preferred Jersey Number (top 3 choices): \_\_\_\_\_

*(Returning players will have jersey number preference, followed by second year players)*

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This section to be filled out by team personnel:

\$25 Tryout registration fee collected: \_\_\_\_\_

\$250 deposit collected: \_\_\_\_\_ (if player is selected)

Team the player has been selected to participate on: \_\_\_\_\_

Credit Card information if paying by card:

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

Card type and number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV #: \_\_\_\_\_

Checking information if paying by check:

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