



Valley of the Sun Hockey Association Try-Out Registration Form

Players Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Fathers Name: _____ Cell: _____
Mothers Name: _____ Cell: _____
Fathers Email 1: _____
Mothers Email 2: _____

Last Year's Team: _____ Age Level: _____
Age Level Interested In: _____
Playing Level: Circle One AAA AA A B House
Preferred Position: _____ Other Position: _____
Shoot: R or L HT: _____ WT: _____

***Cost: \$20.00 per try-out session (\$20.00 deposit payable with registration form and balance due at time of try-out).**

PLEASE MAKE CHECKS PAYABLE TO:
VOSHA, PO Box 97983 Phoenix, AZ 85060-7983

Payment Method: Check # _____ Amount Enclosed: _____

Credit Card: Visa ___ Master Card ___

Credit Card Information:

Name on Card: _____

CC #: _____ Exp: _____

Signature: _____

*Number of try-out sessions will vary.