



## U13 AAA Intent to Tryout

*This form is to be completed by Non- Resident Players only.*

### Player Information

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

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

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_ Tele \_\_\_\_\_

Resident MHA \_\_\_\_\_

2023-24 Team \_\_\_\_\_ Player Position \_\_\_\_\_

### Tryout Information

Player's 1<sup>st</sup> Choice Team/ MHA to start tryout \_\_\_\_\_

Player's 2<sup>nd</sup> Choice Team /MHA to start tryout \_\_\_\_\_

*While Player requests will be strongly considered and every effort will be made to accommodate Player choice, this is a selection process, and Players will be allocated to Teams in an equitable manner and there is no guarantee a Player will be assigned to either one of their selections.*

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Please submit completed application via email to [glenn.sommerville@hockeyedmonton.ca](mailto:glenn.sommerville@hockeyedmonton.ca) on or before Friday, August 16, 2024.

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