



**Bantam Elite
REGISTRATION FORM
Fall Tryout Camp 2019-2020 Season**

Players Name: _____
Phone Number: _____
Email Address: _____
Mailing Address: _____

Date of Birth: _____
(Month/Day/Year)

Physical Address: (if different than mailing)

Parent Name: _____
Email Address: _____
Home Phone: _____
Cell Phone: _____

Parent Name: _____
Email Address: _____
Home Phone: _____
Cell Phone: _____

Local Minor Hockey Association: _____

Previous Teams:

2018-2019 _____
2017-2018 _____

Preferred Position: _____
Shoots/Catches Left ____ Right ____

***All players participating are required to complete this Camp Registration Form & the Hockey Alberta Notification of Tryout Form. Deadline for forms is September 3, 2019. The cost for the camp is \$125.00 (includes 3 skates & 1 intrasquad game). Make payment to: Lloydminster Junior Steelers by cheque/cash on registration night.**

****LATE FEE AFTER SEPTEMBER 3, 2019 WILL BE \$175.00**

Both forms can be emailed ice@lloydminsterminorhockey.com & Ryan.Sklapsky@lpsd.ca
Forms available at www.lloydminsterminorhockey.com

Camp is scheduled for September 6-8 at the Servus Sports Centre with the following times:

Registration	September 6 th 4:00-5:00pm	Parent Meeting	September 6 th 5:00-5:30pm
Skate #1	September 6 th 6:00-7:15pm	Skate #2	September 7 th 11:00-12:15pm
Skate #3	September 7 th 3:15-4:30pm	Skate #4	September 8 th 9:00-11:00am

For more information, please contact the following:

Head Coach: Merv Mann 780-214-6258 (cell)
Director: Ryan Sklapsky 306-821-2435 (cell)

mmann@mcsnet.ca
ryan.sklapsky@lpsd.ca



ELITE FEMALE NOTIFICATION OF TRY-OUT FORM

For Midget AAA, Midget Elite and Bantam Elite only

This completed form must be presented to each team that the player is trying out for before she/he is eligible to participate in the try-out camp. It is understood by all parties that should the player be chosen as a member of the designated team, the Elite Team will notify the League and the player's Resident LMHA. If the player does not make the Elite Team, it is the player's responsibility to notify his/her Resident LMHA whether or not he/she is returning or wishing to access an additional try out.

PLAYER INFORMATION

Player Name: _____ Resident MHA: _____

Address: _____

Town/City: _____, AB Postal Code: _____

Phone #: _____ Email: _____

Player's D.O.B.: _____ / _____ / _____
Month Day Year

TRY-OUT INFORMATION

Level of Hockey: ☐ Midget AAA ☐ Midget Elite ☐ Bantam Elite

First Try-Out: _____ ☐ Selected ☐ Cut
(Name of Team)

Second Try-Out: _____ ☐ Selected ☐ Cut
(Name of Team)

AUTHORIZATION SIGNATURES

Parent Name

Signature

Date

MHA President Name

Signature

Date