



***FLIN FLON MINOR HOCKEY
REP. TEAM TRY-OUT FORM
FEE: \$25.00***

********Fee must be paid prior to first tryout session********

Player's Name: _____

Player's Ph. #: _____

Please select from the following:

AA _____ **ATOM** **PEE WEE** **BANTAM** **MIDGET**
A _____

*Please note*** For each division, only a one time fee will be required.*

Office Use Only

Fee: \$25.00 **Cash** _____ **Cheque** _____
Fee included with registration **Yes** _____ **No** _____