



Elite Prospects Showcase, May 15-17, 2015 Ages: 96's – 00's

Individual Player Registration Form

Player's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email Address: _____

Insurance Co.: _____ Policy #: _____

Height: _____ Weight: _____ Position: _____ Shot: Right or Left

Current Team: _____ G's: _____ A's: _____ PIM's: _____

Coaches Name: _____ Cell Phone: _____

Fee's are: \$250.00 per Player:

Each application must be accompanied by a **Full Payment Made Out To: "USA Select Hockey"**. Please, fill out the Registration Form and **Fax it to: 248-841-1979** and then send the payment and the Hard Copy to: USA Select Hockey, 845 Stanford Circle Rochester Hills, MI 48309

The applicant agrees that *USA Select Hockey* and or, their proprietors will not be held responsible for any accident or loss, however caused and agrees to release the proprietors from result of or by reason of such accident or loss. USA Select reserves the right to use any pictures taken during games for Advertising and or Instructional purposes.

Parent / Guardian: _____ Date: _____