

South Shore Conference
Dynamo Elite
Tryout application and fee

PLEASE CHECK LEVEL TRYING OUT FOR :

MITE (2011)_____

Squirt Minor (2010)_____

Squirt Major (2009) _____

Peewee Minor (2008)_____

Player's Name (print)_____

Address:_____

Contact email_____

Contact cell #_____

Position trying out for:_____

Current team/teams_____

USA Hockey registration #_____

HOME TOWN PROGRAM_____

TRYOUT FEE IS \$50.00 IN ADVANCE (\$65.00 AT THE DOOR)

Please make out check payable to South Shore Conference and mail to

100 Maplewood Circle, Brockton, Ma. 02302

(include application)

I hereby acknowledge that my son/daughter named above will be a member of their home town program in good standing mentioned above for the 2019-20 season . I hereby authorize my son/daughter being in good health and capable of participating in these tryouts. Tryout fees are non refundable.

_____date:_____

Parent signature

