



**Travel Hockey Program
Impact Player Tryout Application
2016 - 2017**

**Please Return to:
The Greenwich Skating Club**

gschockeycommittee@greenwichskatingclub.org

Participant/
Player's Name: _____

Birth Date: _____

School: _____

GSC Team/Position
for which you intend
to try out _____

Prior Team
Affiliation(s)
and Experience: _____

Parent 1 Name: _____

Cell: _____

Email: _____

Parent 2 Name: _____

Cell: _____

Email: _____

Home Address: _____

Home Telephone: _____

Family Information:

Please provide information about additional children in your family:

	No. 1	No. 2	No. 3	No. 4
Name:	_____	_____	_____	_____
DOB:	_____	_____	_____	_____
M/F:	_____	_____	_____	_____
School:	_____	_____	_____	_____
Most Recent Skating Program and/or Experience:	_____	_____	_____	_____

Please list any current GSC members and/or coaches by whom you are known:

