

## BURLINGTON LIONS OPTIMIST MINOR HOCKEY ASSOCIATION 3455 Fairview Street, Burlington T• 905.637.0731 • F 905.637.3556



## Bulldogs & Jr Cougars – 2019/2020 SEASON TRYOUT REGISTRATION

## ALL FIELDS BELOW MUST BE FILLED OUT DELIVER WITH PAYMENT TO THE BLOMHA OFFICE / FORMS ALSO AVAILABLE AT THE OFFICE

			d participants must be residents of Burlin Irs Grandfathered Players***	gton .			
Last Name:		ame:	Date Of Birth:				
**EMAIL ADDRESS:							
Street Address:							
City: Burlington	Postal Code:		Phone:				
What year did you (player) move into your current residence?  Previous address if current is less than 2 years:							
Hockey History 2018/19: Indicate House League, HL Se	lect or Rep AAA, A	A, A or MD and Asso	ciation:				
Hockey History 2017/18: Indicate House League, HL Se	lect or Rep AAA, A	A, A or MD and Assoc	ciation:				
Preferred Position Trying Out For: Forw	ard Defend	ce Goalie					
If your child is trying out for Minor Bantam, Bantam and Minor Midget please indicate:  AA	¬a □ MD □	∃ Both □					
TRYOUT FEE - \$195.00 ( CASH, CHEQUE OR CREDIT CARD)  After March 3rd the late registration fee will be \$225.00.							
IMPORTANT							
<ul> <li>Each player will be issued an Alliance tryout sweater</li> <li>Minimum of three tryouts</li> <li>There are ABSOLUTELY NO REFUNDS.</li> </ul>							
PARENT STATEMENT OF CO	NSENT						
I acknowledge that all of the my son/daughter attends all of			understand that regardless of wh of \$195.00, \$225.00.	ether			
Parent / Guardian Signature			Date:				
OFFICE USE ONLY	Amount: \$	Metho	d of Payment:				