



**2009-2010 U.S.A. NATIONAL SLED TEAM
TRYOUT REGISTRATION FORM**

PLAYER'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DATE OF BIRTH: _____ **M/** _____ **/D** _____ **/Y**

MAIN PHONE: (_____) _____ - _____

CELL PHONE: (_____) _____ - _____

E-MAIL ADDRESS: _____

DISABILITY: _____

POSITION: _____ **DOMINANT HAND:** _____

USA CITIZEN: _____ **YES** _____ **NO**

PRESENT TEAM: _____

PAST SLED EXPERIENCE: _____

Please Send This Completed Registration Form To:
Dan Brennan at Danb@usahockey.org