TOLEDO CHEROKEE 2025 AUGUST TRYOUT CAMP REGISTRATION FORM

August 8th - 10th Dates: Location: **Team Toledo Ice House** 1258 W. Alexis Rd Toledo Ohio 43612 (906) 458-2897 Fee: \$200.00 (NON-REFUNDABLE) PERSONAL INFORMATION Player's Name **Date of Birth** Height Weight Parents' Names Address Street City Country ZIP State (if not U.S.) **C**ONTACT INFORMATION **Home Phone Cell Phone** E-Mail 2024/2025 Team PLAYER INFO & STATISTICS Position Shot **Games Played** Goals **Assists Goalie Stats** GAA Save % PAYMENT INFORMATION Amount **Check Number** \$200.00

Mastercard

Visa

(type in card

Discover

type)

Credit Card Type

		tion Date
Credit Card Number	& 3 digit	code on
	bac	k of card

Please complete this form on your computer, return it to:

To Head Coach Kenny Miller at kmiller@macombgroup.com
Or Director of Player Personnel/Assistant Coach Nic Saenz at nic.saenz02@gmail.com