



WEST ISLIP HOCKEY CLUB TRYOUT FORM

Tryout Date- Monday May 18, 2026 @ Clark Gillies Arena (Dix Hills Rink)

Freshman – 7:00pm

JV/Varsity – 8:10pm

Player Name _____

Address _____

City _____ State _____ Zip Code _____

Player School District _____

Player Grade in Fall _____ Player Cell # _____

Player Email _____ Player DOB _____

Parent/Guardian Information;

Name _____ Cell Phone # _____

Email Address _____

Name _____ Cell Phone # _____

Email Address _____

Player Signature _____

Parent Signature _____

Cost - \$40 per player

Pay via - Venmo @westisliphockey

Cash or Check made payable to West Islip Hockey

For Club Official Only:

USA Hockey Registration Submitted Yes/No

Paid Via Venmo, check or Cash

Check # _____