



2019/20 Hudson Havoc Tryout Camp

Registration May 3-5, 2019

Player's Name: _____

D.O.B: ____/____/____

Weight: _____ LBS

Height: _____ FT _____ IN

Position: _____

Shot: _____

Last Team Played For: _____

GPA: _____ ACT: _____ SAT: _____

Education Level (Ex: Grad, Sr., Jr.): _____

Two Hockey References:

Reference: _____ Relationship: _____ Contact
Info: _____

Reference: _____ Relationship: _____ Contact
Info: _____

Email: _____ Phone: _____

Home Address: _____

City, State, Zip: _____

Name(s) of Parent/Guardian: _____

Parent/Guardian phone: _____

Parent/Guardian email: _____

During the Hudson Havoc Tryout Camp on May 3rd - 5th each player will be guaranteed (3) evaluated games, and (1) practice over the duration of the weekend.

Please submit this completed form to: brett.wall6@gmail.com.