



EL PASO RHINOS OPEN TRY-OUT FORM
2011 NATIONAL TOURNAMENT SILVER MEDALIST
2013 - 14 Final Tryout Application Form
August 31 – September 4, 2013

Player Information

Name: _____ Email: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Day Phone: _____ Position: _____ D.O.B: _____
Ht: _____ Wt: _____ Last Team Played For: _____
Coaches Name: _____ Email: _____
2012-13 AAU Confirmation Number: _____

El Paso Rhinos – 339 Serrania, El Paso TX 79932 www.elpasorhinos.com Office – 915-479-PUCK Fax – 915-440-4456

Payment

Credit Card Type: _____ Card #: _____ Exp. Date: _____
Billing Zip Code: _____ CVC: _____ Signature: _____ Date: _____

Tryout camps consist of 10 total hours, dryland testing and on ice. Camps will fill up quickly so register early and send form in by email, fax or mail. Camp schedule will be posted on our website and also emailed to every applicant. It is your responsibility to carry personal medical insurance; the El Paso Rhinos are not responsible for any incident that occurs during the camp. This camp is open to players born between 1993 and 1998.

For Host Hotel Information email info@elpasohockey.org

Sierra Providence Event Center
4100 E. Paisano
El Paso, TX 79905
Cost: \$175.00

Please return this application as soon as possible

