



EL PASO RHINOS
2009 - 10 Tryout Application Form
June 26, 27 & 28, 2009

Player Information

Name: _____ Email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Day Phone: _____ Position: _____ D.O.B: _____
 Ht: _____ Wt: _____ Last Team Played For: _____
 Coaches Name: _____ Email: _____
 Work Phone: _____

2009 – 10 USAH Confirmation #: _____

El Paso Rhinos – 4100 E Paisano, El Paso TX 79905 www.elpasorhinos.com Office – 915-479-PUCK Fax – 915-225-4945

Method of Payment

Check One: Check Cash Credit Card

Credit Card Type: _____ Card #: _____ Exp. Date: _____

Signature: _____ Date: _____

Tryout camps consist of 5 hours. 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 1989 and 1995. Host hotel information: Comfort Inn 915-594-9111, \$59.00 room rate.

Camp Information
 June 26, 27 and 28, 2009
 Sierra Providence Event Center
 4100 E. Paisano
 El Paso, TX 79905
 Cost: \$200.00

Please return this application as soon as possible

