



Date:

EL PASO RHINOS OPEN TRY-OUT FORM 2011 1 NATIONAL TOURNAMENT SILVER MEDALIST 2011 - 12 Final Tryout Application Form

August 26, 27, & 28, 2011

Player Information				
Name:	Email:			
Mailing Address:		City:	State:	Zip:
Day Phone:	Position:		D.O.B:	
Ht:	Wt:Last Team Played For:			
Coaches Name:	Email:			
2011-12 USA Confir	mation Number:			
El Paso Rhino	os – 339 Serrania, El Paso TX 79932 <u>ww</u>	w.elpasorhinos.com Office – 9	915-479-PUCK Fax – 915-	-440-4456
<u>Payment</u>				
Credit Card Type:	Card #:		Exp. Da	te:

Tryout camps consist of 6 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 1991 and 1996. Host hotel information: Comfort Inn 915-587-5300, ask for Rhino rate.

Billing Zip Code: _____ CVC ____ Signature: _____

Camp Sponsored by Comfort Inn & Suites University

August 26, 27 and 28, 2011 Sierra Providence Event Center 4100 E. Paisano El Paso, TX 79905 Cost: \$150.00

Please return this application as soon as possible

