*As of May 1, 2016

ELITE FEMALE NOTIFICATION OF TRY-OUT FORM

For Midget AAA, Midget Elite and Bantam Elite only

This completed form must be presented to each team that the player is trying out for before she/he is eligible to participate in the try-out camp. It is understood by all parties that should the player be chosen as a member of the designated team, the Elite Team will notify the League and the player's Resident LMHA. If the player does not make the Elite Team, it is the player's responsibility to notify his/her Resident LMHA whether or not he/she is returning or wishing to access an additional try out.

PLAYER INFORMATION

Player Name: _____ Resident MHA: _____

Address: _____

Town/City: _____, AB Postal Code: _____

Phone #: _____ Email: _____

Player's D.O.B.: _____/_____/_____
Month *Day* *Year*

TRY-OUT INFORMATION

Level of Hockey: ☐ Midget AAA ☐ Midget Elite ☐ Bantam Elite

First Try-Out: _____ ☐ Selected ☐ Cut
(Name of Team)

Second Try-Out: _____ ☐ Selected ☐ Cut
(Name of Team)

AUTHORIZATION SIGNATURES

Parent Name	*Signature*	*Date*
MHA President Name	*Signature*	*Date*