

Please return this form with a \$60.00 cheque (\$75.00 if past Aug 31).  
Cheque payable to "AA Ringette Calgary Foundation" – post date cheque for Sept 1.

Mailing address: AA Tryout Registrations  
c/o Julie Culkin  
268 Riverview Close S.E.  
Calgary, AB  
T2E 7J2

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Calgary AA Ringette Tryout Registration  
2010/2011 Season

Player's Name \_\_\_\_\_

Parents' Names \_\_\_\_\_

Phone Number \_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_

Position Trying Out For \_\_\_\_\_

Age Division Trying Out For \_\_\_\_\_

Last Team Played for: Division \_\_\_\_ Level \_\_\_\_ Team Name \_\_\_\_\_

Have you registered with your quadrant to secure a spot if you do not make AA \_\_\_\_\_