



CHICAGO YOUNG AMERICANS FALL TRYOUT REGISTRATION FORM

Last name:	
First name:	
Address:	
City:	
State:	
Zip:	
Date of birth:	
Home phone:	
Cell phone:	
Parent name:	First Last
Email:	
Last year team name and level:	
Last year coach:	
Birth year:	
Program:	Girls: <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19
	Boys: <input type="checkbox"/> 2000 <input type="checkbox"/> 1999 <input type="checkbox"/> 1998 <input type="checkbox"/> 1997 <input type="checkbox"/> 1996
Position:	<input type="checkbox"/> Forward <input type="checkbox"/> Defense <input type="checkbox"/> Goalie

Cost -	<input type="checkbox"/> \$100 Boys Returning Players	<input type="checkbox"/> \$125 Boys New Players
	<input type="checkbox"/> \$75 Girls Returning Players	<input type="checkbox"/> \$100 Girls New Players
Payment information:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Credit card number:		
Expiration:		
Security code:		
Pay by check and Mail to:		
Russ Naumenko, American Heartland Ice Arena, 7384 Lincoln Ave. Lincolnwood, IL 60712		

Email application: heartlandice2392@sbcglobal.net • Or fax – 847.675.2958