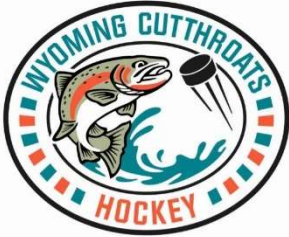


Wyoming Cutthroats 2024-2025

Travel Team Registration Form



Player Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

2024-2025 USA Hockey Number: _____

Home WAHL/other Association: _____

Parent/Guardian: _____

Phone Number: _____ cell.

Email: _____

Parent/Guardian: _____

Phone Number: _____ cell.

Email: _____

Team Trying Out For: U10 U12 U14 U16 U18

Primary Position: Forward Defense Goalie

Secondary Position: Forward Defense Goalie

(only select a Secondary Position if your player would be willing to play that position for the season)

Preferred Jersey Number (top 3 choices): _____

(Returning players will have jersey number preference, followed by second year players)

This section to be filled out by team personnel:

\$40 Tryout registration fee collected: _____

\$250 deposit collected: _____ (if player is selected)

Team the player has been selected to participate on: _____

Payment Method – Venmo PayPal Credit Check Cash

Credit Card information if paying by card:

Amount: _____

Card type and number: _____

Expiration Date: _____ ZIP _____ CCV #: _____