



## 2009-2010 NEVADA STARS TEAM REGISTRATION

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### PLAYER INFORMATION

PLAYERS NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

FATHERS NAME \_\_\_\_\_

FATHERS BUSINESS PHONE \_\_\_\_\_ CELL \_\_\_\_\_

MOTHERS NAME \_\_\_\_\_

MOTHERS BUSINESS PHONE \_\_\_\_\_ CELL \_\_\_\_\_

2007-2008 ORGANIZATION \_\_\_\_\_

LEVEL OF PLAY \_\_\_\_\_ AAA \_\_\_\_\_ AA \_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ HOUSE \_\_\_\_\_

POSITION \_\_\_\_\_ SHOT LEFT \_\_\_\_\_ RIGHT \_\_\_\_\_

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### PAYMENT INFORMATION

**COST OF TRYOUTS: \$50.00**

PAYMENT [ ] CHECK # \_\_\_\_\_ [ ] CREDIT CARD

MASTER CARD/ VISA # \_\_\_\_\_ EXP \_\_\_\_\_

AUTHORIZED USER NAME \_\_\_\_\_

AUTHORIZATION SIGNATURE \_\_\_\_\_

ORGANIZATION OFFICIAL SIGNATURE \_\_\_\_\_

Mail applications to: **Pokey Reddick, Nevada Stars**  
c/o Las Vegas Ice Center  
9295 W. Flamingo Rd., Suite 130  
Las Vegas, NV 89147

Or Fax (Attn: Pokey) (702) 228-5510