

**San Diego Gulls Hockey Club**  
**2008-2009**  
**Tryout Camp Registration and Player Profile**

Friday, May 30<sup>th</sup> 7:30pm-10:30pm  
Saturday, May 31<sup>st</sup> 1:15pm- 4:15pm  
Sunday, June 1<sup>st</sup> 10:30am- 1:30pm  
Iceoplex- Escondido

Players Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Position: \_\_\_\_\_ Shoots: Right/Left  
Citizenship: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Hockey Program Registered with in 2007-2008: \_\_\_\_\_  
Method of Payment  
Please make checks payable to : San Diego Gulls: Check#: \_\_\_\_\_  
Credit Card: Type: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

PLEASE COMPLETE THIS APPLICATION FORM & RETURN WITH PAYMENT TO:  
Bruce Miller  
555 N. Tulip Street  
Escondido, Ca 92025  
OR  
Fax completed form to: (760) 489-7710

Hotel Information will be given to you upon receipt of your payment and application.  
The cost for the camp is \$130.00

Contact Bruce Miller at (585) 905-1451 or at [BruceJMiller8@yahoo.com](mailto:BruceJMiller8@yahoo.com)

**Training Camp Profile**  
**2008-2009**

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Previous Coach: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Position: \_\_\_\_\_ Shoots: Left/Right USA Hockey IMR #: \_\_\_\_\_  
School Level Completed: \_\_\_\_\_ GPA: \_\_\_\_\_ SAT Score: \_\_\_\_\_ ACT Score: \_\_\_\_\_  
Fathers Name: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Mothers Name: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Hockey Experience and Accomplishments:

Future Goals in Hockey

<b><u>Friday</u></b>	<b><u>Saturday</u></b>	<b><u>Sunday</u></b>
7:30pm Team 1 vs. 2	1:15pm Team 1 vs. 3	10:30am Team 1 vs. 4
9:00pm Team 3 vs. 4	2:45pm Team 2 vs. 4	12:00pm Team 2 vs. 3