

Bulls Selects Registration Form

Player Name _____

Player D.O.B. _____

Parent's Names: _____

Phone # () -

Email _____

Address _____

City _____ Zip _____

Team for 2011-2012 Season _____

Level of team _____

Team for 2012-2013 Season _____

Level of team _____

If you are interested in playing for the Bulls this season please mail this form, your USA Hockey registration, and a \$100 non refundable check made out to Power Play Rinks to 701 Haywood Dr. Exton PA 19341. Be sure to be at your tryout date listed on our website at www.bullshockey.org.

Any player not taken will receive an \$85 refund.