



# 2018 Team Missouri / America's Showcase Application

**PRINT LEGIBLY**

Player's Name: \_\_\_\_\_

School: \_\_\_\_\_

High School Coach: \_\_\_\_\_

Player's Address: \_\_\_\_\_

\_\_\_\_\_

Player's Phone #: \_\_\_\_\_

Parent's Phone #: \_\_\_\_\_

Player's Email: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

School year:    JR    SR    DOB \_\_\_\_\_

Position(s) \_\_\_\_\_ Number \_\_\_\_\_

Skaters: Shoots        R        L        Goals \_\_\_\_\_        Assists \_\_\_\_\_

Goalies: Catches        R        L        GAA \_\_\_\_\_        Save % \_\_\_\_\_

Height \_\_\_\_\_        Weight \_\_\_\_\_

Other teams for the 2017-18 season: \_\_\_\_\_

\_\_\_\_\_

**Early Registration is available for applications postmarked by March 1st for \$65.00, the registration fee thereafter will be \$75.00.**

**Send completed form and a check for the appropriate amount made out to Mid-States High School Hockey by March 15th to:**

Team Missouri Tryouts  
c/o Debbie Hayes St. John  
613 Riverbend Court  
Arnold, MO 63010

[debbiestjohn@sbcglobal.net](mailto:debbiestjohn@sbcglobal.net)

Pertinent information will be posted periodically at [www.midstateshockey.us](http://www.midstateshockey.us) and all registrants will be notified via e-mail