



CORPUS CHRISTI ICERAYS 2018 DES MOINES PROSPECTS CAMP

(RETURN TO FUTUREICERAYS@GOICERAYS.COM)



FIRST NAME:

LAST NAME:

USA HOCKEY NUMBER:

DOB:

POSITION:

CELL PHONE:

EMAIL:

(PARENT) CELL PHONE:

(PARENT) EMAIL:

ADDRESS:

CITY:

STATE:

ZIP:

PREVIOUS TEAM:

LEVEL:

LEAGUE:

(GP)

(G)

(A)

(+/-)

(PIMS)

GOALIES ONLY

GP:

SAVE %:

RECORD:

SHUTOUTS:

CATCHES:

LAST COACH:

PHONE:

PREVIOUS INJURIES:

PAYMENT FOR 2018 DES MOINES PROSPECTS CAMP

(\$150 NON-REFUNDABLE) *NO CASH OR CHECKS*

NAME OF CARDHOLDER:

CREDIT CARD NUMBER:

EXP:

SECURITY CODE:

BILLING ZIP CODE:

AUTHORIZED SIGNATURE FOR ENTRY FEE OF \$285.00 (US DOLLARS)