



Bakersfield Condors (ECHL) 2010-11 Free Agent Tryout

September 17, 18, 19 at the Bakersfield Ice Sports Center in Bakersfield, CA
In order to participate in the Condors Free Agent Tryout Camp, please fill out the form and fax to 661-324-6929 or mail to P.O. Box 1806, Bakersfield, CA 93303-1806, attention, "Condors F.A. Tryout." Registrations can also be emailed to bmoore@bakersfieldcondors.com.

Player Information:

Name: _____ Position: _____ Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Hockey experience including Junior, College, and Professional Teams:

Professional References:

Payment Information: \$175.00 Payable by:

- Check: Return Form and check payable to Bakersfield Condors
- Credit Card

Card Type (circle One): Visa MC

Card #: _____ Exp. Date: ____/____/____ 3 digit code (back of card) _____

Billing address of card: _____

I authorize the Bakersfield Condors to charge my card \$175.00 for the Bakersfield Condors Free Agent Tryout camp.

(Payment is non-refundable, unless the camp is cancelled by the Bakersfield Condors.)

Signature: _____ Date: _____