



**STOCKTON THUNDER (ECHL)**

**2010-11 Free-Agent Camp Registration Form**

**September 24-26, 2010 @ Oak Park Ice Arena and Stockton Arena, Stockton, CA**

Please fill out the following form and fax to (209) 373-1525, attention "Open Tryouts," or mail to "Stockton Thunder Open Tryouts," 248 W. Fremont Street, Stockton, CA 95203.

**PLAYER INFORMATION:**

**Name:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Position** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**PLEASE TELL US YOUR LAST TEAM AND BRIEFLY STATE YOUR HOCKEY EXPERIENCE:**

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**PAYMENT INFORMATION: \$150.00** Payable by:

**Check: Return form and check (payable to the Stockton Thunder) by mail or in-person**

**Credit Card: Return by mail or fax**

**Card Type:** VISA MC AMEX DISC **Card #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**3 digit code (back of card)** \_\_\_\_\_

**Billing address of card:** \_\_\_\_\_

I authorize the Stockton Thunder to charge my credit card \$150.00 as a registration fee for the Stockton Thunder free-agent camp to be held September 24-26 at Oak Park Ice Arena and Stockton Arena in Stockton, CA. I acknowledge that my payment is absolutely non-refundable, regardless of whether I am able to attend the camp. I further acknowledge that I am not under contract with any other professional team or professional league in the National Hockey League, American Hockey League, ECHL, or Central Hockey League.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_