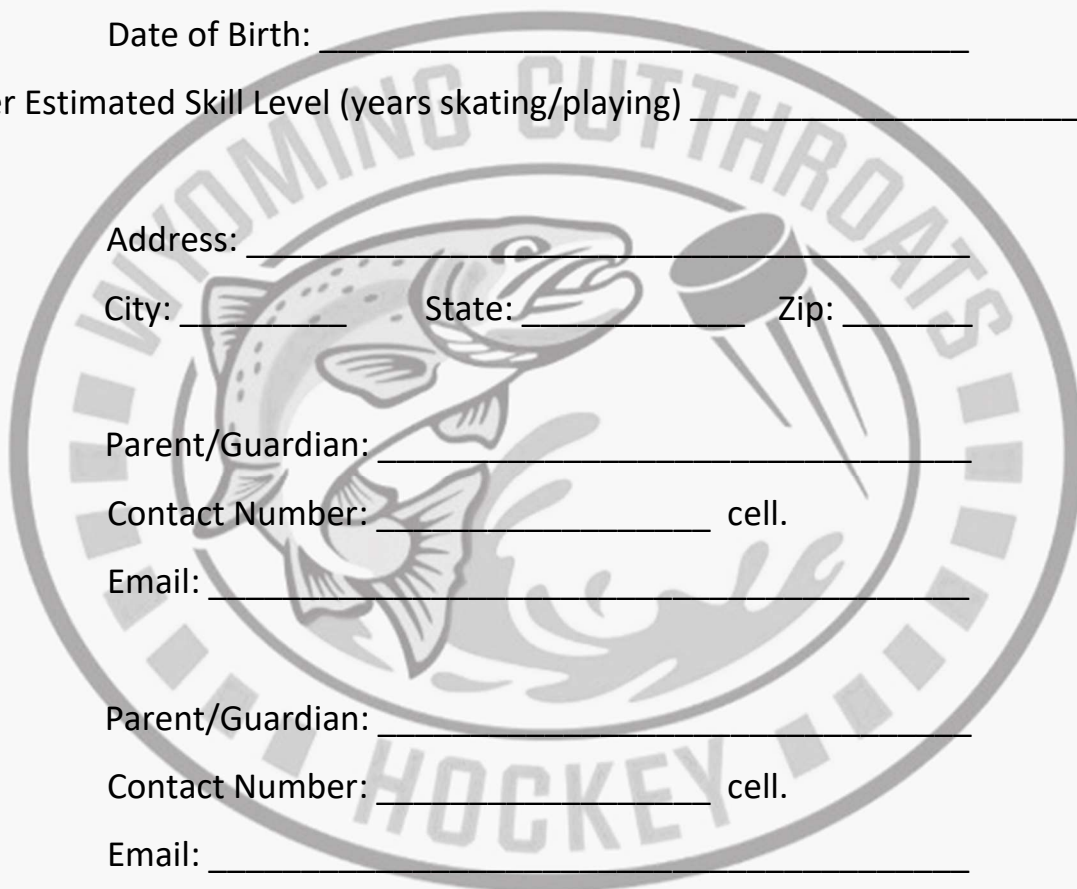


Wyoming Cutthroats 2023 Off-Season Development Program Registration Form



Player Name: _____
Date of Birth: _____
Player Estimated Skill Level (years skating/playing) _____
Address: _____
City: _____ State: _____ Zip: _____
Parent/Guardian: _____
Contact Number: _____ cell.
Email: _____
Parent/Guardian: _____
Contact Number: _____ cell.
Email: _____

Position: Skater Goalie Both

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This section to be filled out by team personnel:

\$400 registration fee collected: _____
Group the player will participate on: _____

Credit Card information if paying by card:

Amount: _____
Card type and number: _____
Expiration Date: _____ CCV #: _____ ZIP: _____

Checking information if paying by check:

Check # _____ Amount: _____