



NOJHL 7-DAY TRYOUT REQUEST FORM

Date of Request: _____/_____/_____

Name of Team Making Request: _____

Name of Player: _____ DOB ____/____/____/

Name of Players Previous Team _____ Year _____

Name of Previous Registered League: _____

Citizenship of Player _____

Players Signature _____

Team Signature _____

NOJHL Approval: _____