



**NORTHERN ONTARIO  
HOCKEY ASSOCIATION**  
USA Player Tryout  
Information Form



**Please complete this information sheet along with any USA Tryouts forms and forward both documents to the NOHA Office so we can enter the complete information as required by Hockey Canada into the database.**

**NOHA Fax: 705-474-6019 or via email to [cmay@noha.on.ca](mailto:cmay@noha.on.ca)**

**Last Name**  **First Name**

**Permanent Mailing Address**

**City**

**State**

**Zip Code**

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**Date of Birth**

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**Res.:**

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**Month Day Year**

The Northern Ontario Hockey Association is committed to respecting and protecting the privacy of our Members, their Associations, individual members, their families and our employees. The information collected on this form will be used for the sole purpose of administering the Rules, Regulations and By Laws of the NOHA/OHF/Hockey Canada and/or for the purpose of registering the individual in the program for which they have enrolled and may be used to provide them with the information necessary for participation.

