



St. Mary's Hockey

HOCKEY QUESTIONNAIRE 2017-18

(PLEASE TYPE OR PRINT. Completion of this form does not imply any obligation)



PERSONAL DATA

Name Last	First	Middle	Email	Date of Birth M/D/Y
Present Address		City	State/Province	ZIP/Postal Code
Home Address (if different)		City	State/Province	ZIP/Postal Code
Home Phone		Player's Cell Phone	Father's cell Phone	Mother's cell Phone
Father _____ Occupation _____ College Attended _____				Marital Status _____
Mother _____ Occupation _____ College Attended _____				_____
Names(s) of Brothers/Sisters		Age	Yr. in School	Living at Home (Y/N)
1. _____		_____	_____	_____
2. _____		_____	_____	_____
3. _____		_____	_____	_____
Citizenship (Check One) _____ United States _____ Canadian _____ Other (Specify) _____				Age _____

ATHLETIC INFORMATION

Name and Classification of Current Team		Player's Statistics		Goalies Statistics	
		GP _____ G _____ A _____ PT _____ PM _____	GP _____ GAA _____ SO _____ S% _____		
Name and Classification of Previous Teams (don't worry if no stats rembered)					
		GP _____ G _____ A _____ PT _____ PM _____	GP _____ GAA _____ SO _____ S% _____		
Name and Current Head Coach			Coaches Email		
Goalies Only	Glove Hand _____ Left _____ Right		Players Only	Shot _____ Left _____ Right	
Position(s) You've Played	Height	Weight	Hockey Honors & Awards Received		
Best Individual Hockey Opponents		Position	Team		
1. _____					
2. _____					

ACADEMIC DATA

Middle School/ High School/Prep School			
Address	City	State/Province	Zip/Postal Code
GPA:	ACT (if taken) Test Score:	SAT (if taken) Test Score:	(Middle School/HS) Year Of Graduation:
Have You Gone Through The NCAA Clearing House? Yes _____ No _____		Academic Honors:	

Your Signature: _____ **Today's Date:** _____

Please Return to: St Mary's Hockey, email: Derek Eisler eislerdc@aol.com Head Coach/Director
 OR MAIL TO: ADAM LICHTER, AD ST. MARY'S HIGH SCHOOL , 5648 N EL
 DORADO ST. STOCKTON, CA 95207