Name

At what age did you start playing hockey?

What are your plans after high school?

Who would you dedicate your season to?

Favorite Food?

Favorite Movie?

Favorite Song?

If you were not playing hockey, what would you be doing?

**Return to your team manager by October 1st**

Please include a picture of yourself in your earliest hockey days if you would like it to be included in the program book (if space allows).