



WARD MELVILLE ICE HOCKEY CLUB

Player Information:

Name: _____ Birth Date: _____

Address: _____

Daytime phone: _____ Cell phone: _____

School District/Jr. high or High School _____

Grade level in the Fall of this Year _____ Graduation Year _____

Hockey Information: Years played: _____ Position Preference: _____

Did you play for Ward Melville last season? YES NO If yes, which team FRESHMAN JV

Do you play travel hockey? YES NO If yes, what level and position _____

Parent or Guardian Information:

Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Cell Phone: _____ Email: _____

Special/Additional Information:
