

PLAYER INFORMATION FORM

University of Maryland Men's Ice Hockey
Email Completed form to coach@terpshockey.com

PERSONAL INFORMATION -

NAME: BIRTH YEAR (yyyy):
ADDRESS: CITY: STATE: ZIP:
PHONE NUMBER: EMAIL ADDRESS:

EDUCATION -

ARE YOU CURRENTLY A COLLEGE STUDENT: (YES/NO)

IF YES:

CURRENT COLLEGE:
YEAR: (FR, SO, JR, SR) GPA: MAJOR:

IF NO:

HIGH SCHOOL:
GPA: EXPECTED GRADUATION DATE:

GENERAL INFORMATION -

HEIGHT: WEIGHT:
POSITIONS PLAYED: SHOOTS: (L/R)

EXPERIENCE (UP TO 3) -

TEAM 1:

TEAM/LEVEL: YEARS PLAYED (yyyy-yyyy):
LEAGUE: COACH'S NAME:
COACH'S EMAIL: COACH'S PHONE NUMBER:

TEAM 2:

TEAM LEVEL: YEARS PLAYED (yyyy-yyyy):
LEAGUE: COACH'S NAME:
COACH'S EMAIL: COACH'S PHONE NUMBER:

TEAM 3:

TEAM/LEVEL: YEARS PLAYED (yyyy-yyyy):
LEAGUE: COACH'S NAME:
COACH'S EMAIL: COACH'S PHONE NUMBER: