



Marquette Electricians Spring Evaluation Camp Player Profile



Name Date of Birth

Address Phone Number

City State Zip/Postal Code

Player E-Mail Current Grade Height

GPA Present School Weight

Last Year's Team Position Played Shot L R

Coach's Name Coach's Phone

Games Played Goals Scored Assists

GOALIES: Goals Against Average Save Percentage

Please describe last year's playing experience. Was it positive or negative for you and why? Please attach more pages if needed.

Do your future plans include playing college hockey? Yes No Junior A Hockey? Yes No

Please list your top 3 choices for your future hockey goals. (i.e, Colleges, Junior A teams, or both)

1 2 3

Do you participate in a regular weight training program? Yes No

PLEASE FILL OUT AND RETURN WITH CONSENT TO TREAT FORM AS SOON AS POSSIBLE , WITH A CHECK OR MONEY ORDER FOR **\$125.00 MADE OUT TO MARQUETTE ELECTRICIANS HOCKEY, SEND TO: Marquette Electricians Hockey, 2382 Huron St., Marquette, MI 49855.**