



"WITNESS THE POWER"

**LAKERS QUESTIONNAIRE**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Home Town: \_\_\_\_\_

Province/State: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell Number: \_\_\_\_\_

2015-16 Hockey Team: \_\_\_\_\_

Position: #1 \_\_\_\_\_ #2 \_\_\_\_\_

GP: \_\_\_\_\_ G: \_\_\_\_\_ A: \_\_\_\_\_ PTS: \_\_\_\_\_ PIM: \_\_\_\_\_

GP: \_\_\_\_\_ W: \_\_\_\_\_ L: \_\_\_\_\_ GAA: \_\_\_\_\_ SVP: \_\_\_\_\_

2015-16 Coach: \_\_\_\_\_

Coach's Phone Number: \_\_\_\_\_

Coach's Cell Number: \_\_\_\_\_

Coach's Email: \_\_\_\_\_

Last Grade Completed in School: \_\_\_\_\_

School Name: \_\_\_\_\_

School Contact: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_

Contact's Email: \_\_\_\_\_

Future School Goals: \_\_\_\_\_

\_\_\_\_\_

Future Hockey Goals: \_\_\_\_\_

\_\_\_\_\_

Describe the type of player you are in one sentence: \_\_\_\_\_

\_\_\_\_\_

Favorite Hockey Moment: \_\_\_\_\_

\_\_\_\_\_

How did you hear about our organization? \_\_\_\_\_

\_\_\_\_\_

Would you like to receive more information from our organization? Yes \_\_\_\_\_ No \_\_\_\_\_