

The Port Stanley Sailors Jr Hockey Club

Player Information Form

Please complete and Return to:

The Port Stanley Sailors Jr Hockey Club

30 Glenview Court

St. Thomas Ontario

N5P -4N9

Players Name: _____

Players Mailing Address: _____

City/Town: _____

Postal Code: _____

Home Phone Number: (_____) _____

Cell Phone Number: _____

You're Email Address: _____

Date of Birth: _____

Team you played for in 2009-10: _____

What position are you trying out for: _____

Do you shoot: **Left** or **Right** (Circle one)

List your Height: _____

List your Weight: _____

Your last yrs stats: Goals _____ Assist _____ Points _____ Pim _____

Goalenders Only: Catch **Left** or **Right** (circle one) you're GAA: _____ save % _____

www.portstanleysailors.com