

Hockey Recruit Information

PLAYER INFORMATION

Player Name _____ Age _____ DOB ____ / ____ / ____

Permanent Address _____ City _____ State _____ Zip _____

Player E-mail _____ Player Cellular Phone _____

Parent / Legal Guardian Name(s) _____

Home Phone _____ Parent E-mail _____

EDUCATION

High School (Name, City, State) _____

Graduation Yr. _____ GPA _____ Class Rank _____ SAT / ACT Scores _____

Other Education (Community, Technical, other Four-Year College, etc.) _____

College Major / Area of Interest _____

HOCKEY INFORMATION AND EXPERIENCE

Primary / Alternate Position _____ / _____ Height _____ Weight _____

HOCKEY EXPERIENCE Shot - L or R (circle one)

Team/Location _____ Level (AA, HS, etc) _____ Years Played (99-01, etc.) _____

Coach _____ Phone / Email _____

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INTEREST IN ATTENDING MISSOURI STATE

Definitely Extremely Very Somewhat

Have you applied to Missouri State (Y/N)? _____

Have you been accepted to Missouri State (Y/N)? _____

Please Complete and Return This Form To:

Missouri State Hockey
Benjamin Alexander, Head Coach
Jordan Valley Ice Park
635 E. Trafficway ▪ Springfield, MO 65806

ICE HOCKEY

Jordan Valley Ice Park • 635 E. Trafficway • Springfield, Missouri 65806 • Fax 417-866-4888
www.missouristatehockey.com

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