



GOALIE EQUIPMENT FITTING

COMPLETE THIS FORM ONLINE, SAVE THE PDF AND EMAIL TO:
thegoalieacademy2016@gmail.com

Goalies Name: _____ Parents Name(s): _____

Phone Number: _____ Email: _____

Home Address: _____

Hockey Association: _____

Goalies Age: _____ Goalies Level of Play: _____ Goalies Height: _____

Goalies Running Shoe Size: _____ Head Circumference: _____

Interested in Help Finding Gear: _____ (Personal Shopper)

Goalies Current Gear Sizes and Brands: _____ Prior to Event/Camp.

Interested in Online Goalie fitting: _____

Equipment	Current Pad Sizes	Current Pad Brands	Brands of Interest	Condition (New, Slightly Used, Both)
Helmet				
Chest Protector				
Hockey Pants				
Glove				
Blocker				
Leg Pads				
Stick				
Skates				

***** Any Questions Please Contact Aaron or Hannah *****