



THE GOALIE ACADEMY
(Questionnaire)



Player's Name _____

Phone # (cell) _____

Address _____ State _____ Zip _____

Email address _____

City _____

Height _____ Weight _____ Jersey Size _____

Team Played for Last Year _____ Level Played Last Year _____

Birth date _____

Age as of TODAY _____

Is the goalie able to drive a vehicle to the rink or off-ice training facility? YES NO

Does the goalie know of any shooters interested in shooting at the camp?

Please include name and cell phone number

Parent's Name: _____

Parent's Cell Phone: _____

Parent's email address: _____

Relation to Goalie: _____

Parent's Name: _____

Parent's Cell Phone: _____

Parent's email address: _____

Relation to Goalie: _____