



TEAM DORITOS HOCKEY CLUB-QUEBEC

PLAYER INFORMATION

Player's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

D.O.B. ____/____/____

Organizational Hockey Team Name: _____

Level: (Tier 1, AAA, Tier 2, etc.): _____

2024-25 USA hockey confirmation #: _____

Position(s): _____

Requested Jersey Number: 1st _____ 2nd _____ 3rd _____

Apparel Size: _____ Height: _____ Weight: _____

Parent Name: _____

Parent Cell Phone: _____

Parent Email Address: _____

Coaches Name/Cell Phone: _____

Coaches Email Address: _____

Who referred you: _____