



East Coast Jumbos P.O. Box 122 Hopkinton, MA 01748

## POTENTIAL PLAYER QUESTIONNAIRE

Thank you for your interest in playing with The East Coast Jumbos!

Please complete the following form to the best of your ability. Playing with/for The Jumbos will be a gratifying and challenging pursuit. This information will ensure your potential experience will match everyone's expectations.

First Name

Last Name

Date of birth

Email address

Address

Mobile phone number

Parent/Guardian Name

Parent/Guardian phone number

Emergency contact (if different than above)

In 2-3 sentences, why do you want to play with East Coast Jumbos?

What is your past experience playing hockey and/or skating?

Reference Number One - **No Parent or Relative references please**  
Name, phone number and relationship (teacher, coach, supervisor, etc.)

Reference Number Two - **No Parent or Relative references please**  
Name, phone number and relationship (teacher, coach, supervisor, etc.)

USA Hockey number (if available/applicable)

Once form is completed it will be reviewed by our Head Coach and you will be notified of results and further steps for registration with our organization.  
Thank you for your interest in supporting the East Coast Jumbos.