



# Omaha Lancers Hockey Club

## Recruit Athletic & Academic Questionnaire

(Completion of this form does not imply player obligation.)

### PERSONAL INFORMATION

(PLEASE TYPE OR PRINT CLEARLY)

Player Name		Date of Birth (MM/DD/YR)		
Home Address		City	State	Zip Code
Home Phone ( )	Player's Cell Phone ( )		Player's Email	
Age	Height	Weight	Citizenship: <input type="checkbox"/> United States <input type="checkbox"/> Canadian <input type="checkbox"/> Other (Specify)	
Father _____	Occupation _____	Cell Phone _____		Marital Status ( ) Married ( ) Separated ( ) Divorced ( ) Widowed
Mother _____	Occupation _____	Cell Phone _____		

### ATHLETIC INFORMATION

Position	Shot/Catch: <input type="checkbox"/> Left <input type="checkbox"/> Right	
Name & League of Current Team	Player's Statistics	Goalies Statistics
	GP _____ G _____ A _____ PTS _____ PM _____	GP _____ GAA _____ SO _____ S% _____
Name & League of Previous Team	Player's Statistics	Goalies Statistics
	GP _____ G _____ A _____ PTS _____ PM _____	GP _____ GAA _____ SO _____ S% _____
Hockey Honors & Awards Received		
Name of Current Head Coach	Coach's Phone #:	
Other Hockey Programs You Are Interested in Playing For		
1. _____	2. _____	
3. _____	4. _____	

### ACADEMIC INFORMATION

Name of High School	Street Address	City	State/Province	Postal Code
Present Grade	Year of Graduation	Courses Taken <input type="checkbox"/> General <input type="checkbox"/> College Prep <input type="checkbox"/> Commercial		
GPA	SAT Score		ACT Score	
University of Desire				
1. _____		2. _____		
3. _____		4. _____		
Course of Study You Wish to Pursue				
NCAA Schools That Have Contacted You				

RETURN TO

Omaha Lancers Hockey Club • ATTN: Assistant Coach • 1804 Capitol Avenue • Omaha, NE 68102  
Or By Fax to: (402) 934-4613