

Beantown Summer Classic Player Profile- COLLEGE DIVISION

Personal

Name: _____ Birthdate: ____/____/____

Address: _____ Apt # _____ City _____

State _____ Zip Code _____ Phone Number _____

School _____ Grade _____ GPA _____ SAT _____ ACT _____

Player Email (please print clearly) _____

Other Sports Played: _____

Parents

Names: Father _____ Mother _____

Phones: Work _____ Fax _____
Father/Mother Father/Mother

Occupations: Father _____ Mother _____

Siblings Names and Ages: _____

Father Email (please print clearly) _____

Mother Email (please print clearly) _____

Hockey

Position(s): _____ Height _____ Weight _____ Shot - L or R

- _____ / _____ / _____ - _____

Year	Team	# Games	Goals	Assists	Points	Penalty Minutes
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Goalie: _____ - _____ - _____ - _____
Catching Glove Saves GAA Save % Shut Outs

Prep schools/Junior teams interested in: _____

Colleges interested in: _____

Awards Received and/or Select teams played on: _____

Present coach: _____ Phone number: _____

Address: _____

Plans/hopes to play next season: _____

Please fill out and return to: **Beantown Classic P.O. 2100, Framingham MA 01703-2100**

www.BeantownClassic.com

phone-508.820.1600 fax-508.820.1643