



ABITIBI ESKIMOS

PO Box 1131
Iroquois Falls ON Canada
P0K 1G0

PHONE (705) 258-3508 FAX (705) 232-4241
www.eskis.com scottie@nt.net

IGLOO MANIA



PLAYER GENERAL INFORMATION

Name: _____ Father's Name: _____

Address _____ Mother's Name _____

Town or City: _____ Postal Code: _____

Telephone: _____ Date of Birth: _____

Position: _____ Shoots: Left: _____ Right: _____

Height: _____ Weight: _____ Sweater Size: _____

Social Insurance No.: _____ Health Card No.: _____

Present Hockey Team: _____

Team Classification: AAA, AA, A, B, BB, C, D, High School, Other

Name of Coach: _____

STATISTICAL INFORMATION

Games Played _____ Goals _____ Assist _____ Points _____ Penalty Minutes _____

Goaltenders Games: Won _____ Lost _____ Average _____

ACADEMIC INFORMATION TO DATE

School : _____

Total Credits: _____ Total OAC Credits: _____

Overall Average: Grade 9 _____ Grade 10 _____ Grade 11 _____ Grade 12 _____ Grade 13 _____
SAT Score (if written) _____ Date: _____