



Hockey Recruit Information

PLAYER INFORMATION

Player Name _____ Age _____ DOB ____ / ____ / ____
Permanent Address _____ City _____ State _____ Zip _____
Player E-mail _____ Player Cellular Phone _____
Parent / Legal Guardian Name(s) _____
Home Phone _____ Parent E-mail _____

EDUCATION

High School (Name, City, State) _____
Graduation Yr. _____ GPA _____ Class Rank _____ SAT / ACT Scores _____
Other Education (Community, Technical, other Four-Year College, etc.) _____
College Major / Area of Interest _____

HOCKEY INFORMATION AND EXPERIENCE

Primary / Alternate Position _____ / _____ Height _____ Weight _____
HOCKEY EXPERIENCE Shot - L or R (circle one)
Team/Location _____ Level (AA, HS, etc) _____ Years Played (99-01, etc.) _____
Coach _____ Phone / Email _____
Team/Location _____ Level (AA, HS, etc) _____ Years Played (99-01, etc.) _____
Coach _____ Phone / Email _____
Team/Location _____ Level (AA, HS, etc) _____ Years Played (99-01, etc.) _____
Coach _____ Phone / Email _____

INTEREST IN ATTENDING MISSOURI STATE

Definitely Extremely Very Somewhat

Have you applied to Missouri State (Y/N)? _____
Have you been accepted to Missouri State (Y/N)? _____

Please Complete and Return This Form To:

Missouri State Hockey
Tony Dunseith, Head Coach
Mediacom Ice Park
635 E. Trafficway ▪ Springfield, MO 65806

ICE HOCKEY

Mediacom Ice Park • 635 E. Trafficway • Springfield, Missouri 65806 • 417-866-7444
www.missouristatehockey.com
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