

FOR OFFICE USE ONLY

Team _____

Players Number _____

Jack Lyons

7th COLLEGE SHOWCASE PLAYER PROFILE

PLEASE PRINT CLEARLY BECAUSE THIS PROFILE WILL GO TO ALL COACHES

Player's Name: _____ Jersey Size: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Height: _____ Weight: _____ Shot: L R

High School/College: _____ Grade: _____ GPA: _____

Team(s) & Level 2007/08 Season: _____

Team(s) & Level 2006/07 Season: _____

Player Position: Forward Defenseman Goaltender

SAT SCORES (if taken): Critical Reading: _____ Verbal: _____ Math: _____

High School Coach: _____ Phone: (____) _____

Travel Coach: _____ Phone: (____) _____

Awards or achievements: _____

Parents/or Guardians Names:

Father: _____

Mother: _____

Phone (H): _____ (W): _____

Phone (Cell): _____ Email: _____

A full payment of \$60 (c/o John Lyons) must be sent with application. **Bank Check or Money order ONLY! Credit cards & personal checks will not be accepted.**

NO REFUNDS!

**MAIL COMPLETED APPLICATION, WAIVER AND PAYMENT TO:
JACK LYONS, 32 MANCHESTER RD. SEWELL, NJ 08080**