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# CENTRAL ELGIN EXPRESS

Southern Ontario Junior Hockey League

## HOCKEY CLUB

### PLAYER INFORMATION FORM

*Please Complete and Return to:*

Joe Daniels  
37197 Third Line  
Southwold, Ontario  
N0L 2G0  
fax: 519-439-7775  
email: jdaniels@toromount.com  
phone: 519-764-2896  
cell: 519-661-6814

PLAYERS NAME: \_\_\_\_\_

PLAYERS ADDRESS: \_\_\_\_\_  
*(complete, including postal code)*

HOME PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTH DATE: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_  
*(past injuries, medication or  
past and current health  
issues the Lancer staff  
should be aware of)*

2006-2007 TEAM(S) PLAYED FOR: \_\_\_\_\_

2005-2006 TEAM(S) PLAYED FOR: \_\_\_\_\_

POSITION: \_\_\_\_\_

SHOOT: (circle one) LEFT RIGHT

PERSONAL STATISTICS: Height (ft.)  Weight (lbs.)

HOCKEY STATISTICS: Goals:  Assists:  +/-

G.A.A.  Save%