University of Vermont Men's Ice Hockey Club Questionnaire *Write Clearly!*

Full Name:	**Today's Date:**	
Cell Phone #:	**Email Address(s):**	
Local Landline #:	**Position(s):**	
Local Address:	**Height:**	**Weight:**
	Age:	**D.O.B.:**
Home Address:	**Cumulative College G.P.A:**	
Previous School:	**Expected Year of Graduation:**	

In detail, please describe your hockey resume:

The Following are Minimum Requirements that all Team Members Must Meet:

Verified Minimum Cumulative College G.P.A. of 2.0

Enrolled in at Least 9 Credit Hours at UVM

For Official Use Only:

Picture? □ **Waiver?** □ **# Tag:** _____