



**TEAM CANADA
UNDER 18 WORLD CHAMPIONSHIPS
PLAYER INFORMATION FORM**



FULL LEGAL NAME (as it appears on your passport): _____

CLUB TEAM: _____

CELL PHONE: _____ EMAIL: _____

BIRTHDATE (day/month/year): _____ PARENTS NAMES: _____

HOME ADDRESS: _____
Street City Province Postal Code

HOME PHONE: _____ PARENTS EMAIL: _____

BILLET PHONE: _____

AGENT: _____ AGENT'S COMPANY: _____

AGENT EMAIL: _____ AGENT PHONE: _____

CLUB TEAM EDUCATION CONSULTANT: _____

PHONE: _____ EMAIL: _____

CURRENT SCHOOL: _____

COUNSELLOR/CONTACT: _____ PHONE: _____

TRANSFERRING SCHOOL: _____

COUNSELLOR/CONTACT: _____ PHONE: _____

VALID PASSPORT? YES NO

PASSPORT #: _____ EXPIRY DATE: _____

CITY OF BIRTH: _____ COUNTRY OF BIRTH: _____

PROVINCIAL HEALTH CARE #: _____ PROVINCE: _____

PLEASE EMAIL, FAX OR MAIL FORMS BY MARCH 15 TO:

Bayne Pettinger- Coordinator, Hockey Operations/National Teams, Hockey Canada

bpettinger@hockeycanada.ca

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Calgary, AB, T3B 5R5

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