

SHOOTER REGISTRATION FORM

****REGISTRATION AGE RESTRICTED TO 1994 BIRTHYEAR & OLDER****

Personal Information

First Name: _____

Last Name: _____

Date of Birth (mm/dd/yy): _____

Current Playing Level / Team / Org: _____

Shot: Rht / Left: _____

Mailing Address

Street: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Email Address: _____

Profile Questionnaire (please briefly answer the following questions)

What are your goals for your hockey career? _____

What is the main reason you applied to be a JSG shooter? _____

Will you meet the requirements of reporting to camp & being on-time each day? _____

Will you be able to shoot according to the age & skill level of the goaltenders participating? _____

*****If you are selected you will be notified via email*****

*****A JSG contract will be sent to the mailing address supplied on this form*****

Mail form to:
JSG Shooter Application
16 Foxe Commons
Rochester, NY 14624