

Fill out this form and return it to _____ by _____.

Player Info

All fields are optional. They can be added or removed as needed on the final product.

Name: _____

Jersey #: _____

Date of Birth: ___/___/_____ (MM/DD/YYYY)

Age: _____

Height: _____

Weight: _____

Favorite Position: _____

Season Highlights:

Favorite moments, favorite games, accomplishments, stats, etc. Say whatever you want!

Please keep it less than 50 words or 225 characters! Print clearly please.

Hockey

Shoots: Left Right

Catches (Goalie): Left Right

Other: _____

_____ : Left Right

_____ : Left Right

Soccer

Kicks: Left Right

Baseball

Bats: Left Right

Throws: Left Right

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