



PLAYER INFORMATION SHEET

Please complete this document in detail – PRINT LEGIBLY.

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Parent Email _____

Parent or Guardians Name _____ Work Phone _____

High School _____ Age _____ HT _____ WT _____

College Attending / Of Interest _____

T-Shirt Size _____ Football Pant Size _____ Jersey Number (1st) _____
(2nd) _____

Defensive Positions Played _____

Offensive Positions Played _____

Honors you have received _____

Name anyone close to you that has been treated at a Shrine Hospital, any members of your family who have played in the Shrine Game, or any family members that are Shriners.

All players must provide their own practice gear (helmet, pads, shoes, practice clothing, etc.). Be sure to make arrangements to get your school helmet and gear before you graduate.

If you have any questions, please call 406.459.4060