



TEAM USA World Cup |Special Hockey Player Application

Player Name:			
Address:			
Phone:	Email	:	<u> </u>
Date of Birth:	USA H	lockey #:	
Parent/Guardian Name:			
Parent/Guardian Phone:		Email:	
What qualifies you to play on a Special Hockey Team? Please include your disability.			
How long have you played hockey?			
How long have you played in a Special Hockey program?			
Have you ever played in a hockey league other than Disabled Special Hockey?			
Yes No			
If yes, When and where?			. <u></u>
What position for you play?	Forward	Defense	Goalie
What are your strengths?			
What are your weaknesses? _			



USA Hockey, the national governing body for the sport of ice hockey, is a member of the International Ice Hockey Federation and the United States Olympic Committee

