



St. John's Junior Hockey League Draft Application

Contact Information:

Name: _____

Address: _____

City/Province: _____ Postal Code: _____

Home Number: _____ Mobile Number: _____

Email Address: _____

Personal Information:

Date of Birth: _____ Birthplace: _____

Height: _____ Weight: _____

Hockey History:

Position(s) Played: _____

Most Recent Minor Hockey Team: _____

Last Season Played: _____

Teams Played For: _____

By submitting this application, I affirm that the information given is true and complete. I understand that by having my name entered into the SJJHL Draft, it is in accordance with the League's draft regulations and that I am eligible to be selected by any of the league's teams. I also understand that if I am picked by a team and refuse to play with the team by which I was selected, I will forfeit my eligibility to play in the League until a future draft or I am transferred to another team.

Completed applications should be sent to Steven Clarke at steven83@hotmail.com

Name (Print)

Signature

Date