



## 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 \_\_\_\_\_ Phone \_\_\_\_\_

High School \_\_\_\_\_ Age \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_

College Attending / Of Interest \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Football Pant Size \_\_\_\_\_ Jersey Number (1<sup>st</sup>) \_\_\_\_\_

Head Coach Email \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_

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

MONTANA EAST-WEST SHRINE GAME

314 WEST PARK STREET – BUTTE, MT 59701 – P: 406.782.6949 – F: 406.221.7028

“STRONG LEGS RUN, SO WEAK LEGS MAY WALK”