



Lakers Hockey

CLUB ASSOCIATION

Request for Petition

If you are a player that is not a student in our charter school districts (Lakes, Antioch, Grant, Grayslake North, Grayslake Central) please complete the form below. Your request should be sent to info@lakershockey.org for consideration.

Date_____

Player Name_____

Position played_____

High School attending_____

Year in High School (circle one) Fresh Soph Junior Senior

If your high school has a hockey team, have you been cut from their team?

(circle one) Yes No My school does not have a hockey team

Where did you play hockey last season? _____

How can we contact you with questions or disposition?

Parent Name_____

Email address_____

Telephone number(s)_____

Comments/requests:_____

