Please ONLY Fill this out for Equipment that you need and please use the sizing guide on the team a page at SpecialHockey.org

VGK Adaptive Hockey

Name: _____

Date of Birth:_____

Parent: _____

Parent email: _____

Parent Phone: _____

Require Adaptive Equipment: YES / NO
Please Describe

Previous Experience? YES / NO
Please Describe:

Coach Assignment:_____

Ice Hockey	Size Needed
Helmet	
Chest	
Elbows	
Gloves	
Pants	
Shins	
Skates	
Jersey Size	
Jersey #	
Socks	

Coaches Notes