



OHA High Performance Program
1201 Oxford St. West
P.O. Box 28027
London, ON N6H 5E1.
www.ohahockey.org

APPLICATION FORM

EMAIL TO: ohahp@ohahockey.org or fax (519) 622-3550 attn: OHAHP

Personal Information

Player Name: _____ 2007-2008 Team: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Parent Name(s): _____ Phone: _____ Cell/Work: _____

Email: _____ D.O.B (d/m/y) _____ Height: _____ Weight: _____

Position(s): _____ Shoots: (R / L) _____ T-Shirt Size: _____ Jersey Size: _____

Statistical

07-08 Stats: GP _____ G _____ A _____ Pts _____ PIM _____

Goalie GAA _____ SV% _____

Education

School: _____ Grade Average: _____ SAT Score: _____

References

Coach: _____ Coach Phone/Email: _____

Hockey Reference (optional): _____ Phone/Email: _____

Health Information

Emergency Contact: _____ Emergency Phone: _____

Health Card Number: _____

Issues the program should be aware of: _____

TELL US ABOUT YOURSELF

List 2 of your best characteristics as a hockey player?

- 1.
- 2.

List 2 long term hockey goals you would like to accomplish during your career?

- 1.
- 2.

List 3 ways you plan on reaching your long term hockey goals?

- 1.
- 2.
- 3.

Application deadline is May 1st, 2008. *