



NICHOLS HOCKEY

Women's Ice Hockey Recruitment Questionnaire

Date: _____

Name _____ Nickname _____

Mail Address _____ City _____ State _____ Zip _____

Father's Name _____ Mother's Name _____

DOB _____ Age _____ Phone Number _____ Cell Phone _____

Email _____

ACADEMIC INFORMATION:

High School _____ City _____ State _____ Graduation Date _____

Highest SAT (ACT) Scores: Verbal _____ Math _____ GPA _____ Class Rank (#/TTL) _____

Will you apply to Nichols? Yes / No / Uncertain Do you plan a campus visit? Yes / No / Uncertain

Intended College Major 1) _____ 2) _____

Other Colleges of Interest _____

ATHLETIC INFORMATION:

Current Team _____

Coach _____ Phone No. _____ Email Address _____

Shoot (L/R) _____ Position(s) _____

Year _____ Games Played _____ Goals _____ Assists _____ Points _____ PIM _____

Goaltender Statistics:

Year _____ Games Played _____ GAA _____ Saves% _____

Other Athletic Interests: _____

Please include a recent highlight tape and a game schedule if available and mail to:

Mailing Address:

Bob Martin
Nichols College
P O Box 5000
Dudley, MA 01571

Phone: 508-213-2274

Cell: 860-428-4256

Fax: 508-943-9885

Email: Robert.Martin@nichols.edu