

Team Questionnaire

Please take the time to complete this and return it to your coach **at next practice.**

ATHLETE'S NAME: _____

Positions Played (please circle all that are appropriate):

Defence	YES	NO	INTERESTED
Forward	YES	NO	INTERESTED
Centre	YES	NO	INTERESTED

Are you interested in playing as a goalie? YES NO

Full-time: YES NO

Part-time: YES NO

Goalie Clinic: YES NO

We need to pick a TEAM NAME, please list 3 suggestions:

What do you hope to gain from this Ringette Season?

Are you interested in Dry-Land Training?

YES NO MAYBE