



Ohio State Buckeyes

THE PEOPLE. THE TRADITION. THE EXCELLENCE.

MEN'S HOCKEY STUDENT-ATHLETE PROFILE

Name _____
Last First Middle

Home Address _____
Street

City State/Province Zip

Current Address _____
Street

City State/Province Zip

Father _____
Name Occupation Cell #

Mother _____
Name Occupation Cell #

Siblings or friends that have attended Ohio State _____

ATHLETIC INFORMATION

Current Team _____ Position _____ Games Played _____ Shot _____

Height _____ Weight _____

Current Statistics: Goals _____ Assists _____ Points _____

Goalies: Average _____ Save % _____

ACADEMIC INFORMATION

High School _____

Address _____
Street Phone #

City State/Province Zip

Guidance Counselor _____
Name Phone #

Collegiate interests of study _____

Who are the Top 3 hockey players you have competed with or against?

1. _____ 2. _____ 3. _____

CLEARINGHOUSE ID #	_____
BIRTHDATE	_____
EMAIL	_____
HOME #	_____
CELL #	_____
FAX #	_____

GRADUATION DATE	_____
GPA	_____
CLASS RANK	_____
SAT SCORE	_____
ACT SCORE	_____

Please return to: Mark Osiecki, Head Men's Hockey Coach
Jerome Schottenstein Center, 555 Borror Drive, Columbus, OH 43210-1166

For information contact:
Office (614) 292-0820 Fax (614) 688-5857 Email: menshockey@osu.edu