

PLAYER SPOTLIGHT

List your Favorites

Sport: _____

Food: _____

NHL Player: _____

Color: _____

Song: _____

Movie: _____

Hockey Team: _____

Other Interesting Facts about you:

TYKE

Name: _____

Age: _____

Position: _____

ATTACH
PHOTO
HERE

**Please fill this player form out and return to your manager by October 8th.
If you do not return by the deadline, your child will not be featured.**

**This will be posted on our bulletin board at some point during the hockey season as well
as in the Didsbury Review. If you do not wish to participate, do not hand this in.**