

ATHLETIC QUESTIONNAIRE



Please complete the following Athletic Questionnaire and return it by email to Carl Michaelson
carl.michaelson@collegebourget.qc.ca.

Thank you!

STUDENT IDENTIFICATION

LAST NAME:	FIRST NAME:
MIDDLE INITIAL OR NICKNAME:	TODAY'S DATE:
DATE OF BIRTH:	
ADDRESS:	CITY:
PROVINCE STATE:	COUNTRY:
HOME PHONE:	

MOTHER

NAME:	ALMA MATER:
OCCUPATION:	CELL PHONE:

FATHER

NAME:	ALMA MATER:
OCCUPATION:	CELL PHONE:
FAMILY EMAIL ADDRESS:	
SIBLINGS (name/age):	

STUDENT INFORMATION

CURRENT TEAM & LEAGUE:	CURRENT #:		
POSITION(S):	SHOT:	HT.:	WT.:
CURRENT COACH:	CELL PHONE:		
EMAIL:			
OTHER REFERENCE:	CELL PHONE:		
EMAIL:			



BOURGET COLLEGE

Hockey Director: Carl Michaelson 514 607-2431
carl.michaelson@collegebourget.qc.ca/en/

65, Saint-Pierre street, Rigaud (QC) J0P 1P0
Phone : 450 451-0815 • Fax : 450 451-4171

collegebourget.qc.ca •

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PREVIOUS TEAM & LEAGUE:	
PREVIOUS COACH:	
CELL PHONE:	EMAIL :
HOCKEY HONOURS:	ACADEMIC HONOURS:
OTHER SPORTS OR HOBBIES:	CURRENT GRADE:
CURRENT HIGH SCHOOL AVERAGE:	
BOURGET ALUMNI / STUDENTS YOU KNOW:	

Please use this space to tell us anything else you would like us to know about yourself.



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