



British Columbia Hockey League PLAYER REGISTRATION FORM

The British Columbia Hockey League Regulations require players to complete this registration form prior to competing in any BCHL Regular Season Game. By completing and signing the form, the player agrees to abide by the rules and regulations of the BCHL and agrees to the release by the BCHL of personal information, statistics and reports to scouts, media, and colleges.

PLAYER INFORMATION

PLAYER NAME: Brett Lyon DOB (MM/DD/YEAR): 01/23/91
 ROOKIE (29 GAMES OR LESS AT JUNIOR A OR HIGHER) YES ___ NO ___ MAJOR JUNIOR GAMES PLAYED: ___
 HEIGHT: 6'1" WEIGHT: 185 LBS SHOOTS: Left
 PLACE OF BIRTH: Grand Forks B.C. HOMETOWN: Grand Forks B.C.
 LAST TEAM: Fernie Ghostriders LEAGUE: KIJHL

EDUCATION AND COLLEGE RECRUITING INFORMATION

HIGH SCHOOL - LAST GRADE COMPLETED: Grade 11 LETTER GRADE AVG: B
 LAST HIGH SCHOOL COMPLETED: Grand Forks Secondary TRANSCRIPT ATTCH: YES ___ NO ___
 SAT - SCORE: _____ LAST WRITTEN (DATE): _____
 CLEARING HOUSE STATUS: CLEARED ___ IN PROGRESS ___ NOT REGISTERED ___

Players may attach copies of transcripts, letters of recommendation from teachers, professors, etc to add to their player profile for access by College Recruiters.

Also, players are encouraged to submit with this registration, a Resume for scouts and college recruiters. Please refer to the BCHL Education CD for tips and guidelines for creating your resume.

RESUME ATTACHED: YES ___ NO ___

CONTACT INFORMATION

HOME MAILING ADDRESS (NOT BILLET): 3215 Hairsine Rd.
 CITY: Grand Forks PROV/STATE: BC
 POSTAL/ZIP: V0H 1H2 PHONE: (250)-442-5098
 CELL: _____

PARENTS/GUARDIANS

NAME(S): Carter Lyon
 HOME MAILING ADDRESS: 3215 Hairsine Rd
 CITY: Grand Forks PROV/STATE: BC
 POSTAL/ZIP: V0H 1H2 PHONE: 250-442-5098

PLAYER SIGNATURE: Brett Lyon DATE: _____