



McKendree MetroRecPlex Ice Instructor Request Form

Contact information

Name _____

Phone _____

Email _____

Preferred method of contact: Phone Call Text Email

1. If you could choose ONE goal as your highest priority, what would it be?

Other _____

2. Do you have an instructor preference?

Male Female No Preference Instructor name _____

3. Do you currently play for a team? (List age division) _____

4. Position: _____

MetroRecPlex Staff Use:

Consultation Date: _____ Time: _____

Assigned Instructor: _____ Staff Initials: _____