2006-7 Lightning Energy Team Application

Name:		Age:		
Address:		City:	St:	Zip:
High School:			Years Co	ompleted:
College:			Years Completed:	
Shoe Size:	Skate Size:	Shirt Size:		Pant Size:
Please list any specia	al skills/talents you have	::		
What dance/ice skati	ng/entertainment trainir	ng have you had?		
What community ser	rvice/clubs/organization	s have you been involv	ed with?	
What former position	ns have you held that wo	ould be relevant to beir	ng an Energy	y Team member?
Why do you want to	be a member of this tea	m?		
What does your work	k/school schedule consis	st of? Please be specifi	ic to days ar	nd times
the Tampa Bay	Lighting, Attn: Hope	Reep, 401 Channelsi	de Drive, T	money order) and mail to Campa FL, 33602. All ng the day of auditions.*