

**University at Buffalo Paintball Team
Player Information**

Full Name: _____

Age: _____

Email: _____

Local Address: _____

Phone Number(Home): () _____

Phone Number(Cell): () _____

Screen Name(Specify provider ex:"AIM"): _____

Major: _____

Class Status (Circle One):

1st Yr. 2nd Yr 3rd Yr. 4th Yr. 4+ Yrs.

Credits taking this semester: _____

Player Info

Height:

Weight:

Which type of Paintball Play would you prefer (Check One):

Speedball Scenario Woodsball Don't Know

Years Experience:

Paintball League/Event Experience(include year):

1. _____

2. _____

3. _____

4. _____

5. _____

Equipment

Apparel

Mask: _____

Jersey: _____

Pants: _____

Cleats: _____

Marker

Gun: _____

Tank: _____

Loader: _____

Barrel: _____

Do you have any backup equipment(if so please list)?

Are you involved in any other sports teams or clubs(if so please specify)?

Do you have any medical conditions?

Other Comments:
