



DREAM TEAM PLAYER BIO

NAME: _____ AGE: _____

SCHOOL: _____

PARENT/GUARDIAN NAME:

2017 DREAM TEAM COACH:

PREVIOUS SPORTS EXPERIENCE:

SUPPORTS REQUIRED:

BEHAVIORAL HELPFUL HINTS:

ADDITIONAL INFORMATION TO SHARE

FAMILY MEMBERS/PETS:

FAVORITE:

SPORTS PLAYER:

FOOD:

CLASS AT SCHOOL:

TV SHOW:

VIDEO GAME:

MOVIE:

COLOR:

SONG/BAND: