

**Adirondack Phantoms Game Operations Application**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

School Currently Attending \_\_\_\_\_

Graduation Date \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Would you be receiving credit for this internship with the Adirondack Phantoms?  
YES or NO

School Schedule:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_



Please list other obligations, in addition to school, that you have for this year:

\_\_\_\_\_  
\_\_\_\_\_

Please return application *with resume* to:

Brenna Temple, Marketing Manager  
Adirondack Phantoms  
One Civic Center Plaza  
Glens Falls, NY 12801  
Fax: (518) 480-3357  
Phone: (518) 480-3355  
Email: [btemple@phantomshockey.com](mailto:btemple@phantomshockey.com)