

Reading Royals Game Operations Application

Name _____

Address _____

City/State _____ ZIP _____

Home Phone _____ Work Phone _____

E-mail Address _____

School Currently Attending _____

Graduation Date _____

Major _____ Minor _____

Would you be receiving credit for this internship with the Reading Royals?
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, Director of Marketing
Reading Royals
645 Penn Street, 3rd Floor
Reading, PA 19601
Fax: (610) 898-4625
Phone: (610) 898-7825
Email: btemple@royalshockey.com