

Team Roster

Team Name: _____ Division: A B C D Women

Contact Person: _____ Phone: _____ E-mail: _____

Teams are limited to 16 players. Please print clearly.

Name	Goalie	D.O.B.	Address	City	State	Zip	E-mail	USA Hockey Confirmation #
Ex: Steve Hanson	<input type="checkbox"/>	2/25/77	173 Federal St.	Charlestown	MA	49783	shanson@chiefs.com	2754000018hansons
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