



TEAM ROSTER

Team Name:			
Team Colours:			
First Contact Name:			Phone #: ()
Address:	City:	Postal Code:	Alt. Phone #: ()
Second contact Name:			Phone #: ()
Address:	City:	Postal Code:	Alt. Phone #: ()
Name	Position	Jersey #	Signed Waiver Attached
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>
6.			<input type="checkbox"/>
7.			<input type="checkbox"/>
8.			<input type="checkbox"/>
9.			<input type="checkbox"/>
10.			<input type="checkbox"/>
11.			<input type="checkbox"/>
12.			<input type="checkbox"/>
13.			<input type="checkbox"/>
14.			<input type="checkbox"/>
15.			<input type="checkbox"/>
16.			<input type="checkbox"/>
17.			<input type="checkbox"/>
18.			<input type="checkbox"/>
19.			<input type="checkbox"/>
20.			<input type="checkbox"/>
21.			<input type="checkbox"/>
22.			<input type="checkbox"/>
23.			<input type="checkbox"/>
24.			<input type="checkbox"/>
25.			<input type="checkbox"/>