



Where Everyone Can Play

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Timmins, Ontario

Office: 705-360-5081
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TEAM ROSTER FORM

Date: _____

Team Name: _____

Team Contact: _____

Contact Phone: _____

Contact Cell: _____

Contact Fax: _____

Contact Email: _____

Alternate Contact Name: _____

Alternate Contact Number: _____

Alternate Contact Cell: _____

New Team: [] Yes [] No

Please Circle the Division you are registering for:

MEN'S A B C D OVER 35 OVER 45

LADIES

CO-ED

Please Circle the Season of League Play you are registering for:

SPRING

SUMMER

FALL

March - May

June - August

September - November

OFFICIAL TEAM ROSTER:

A minimum of 11 Players and a Maximum of 16 Players. Including a Goalie is mandatory to process Team Registration. Please print clearly.

1. First Name: CONTACT Last Name: _____
Address: _____ City: _____
Prov.: _____ Postal Code: _____ Email: _____
Home Phone: _____ Birth Date: MONTH / DATE / YEAR Jersey #: _____

2. First Name: ALT. CONTACT Last Name: _____
Address: _____ City: _____
Prov.: _____ Postal Code: _____ Email: _____
Home Phone: _____ Birth Date: MONTH / DATE / YEAR Jersey #: _____

3. First Name: GOALIE Last Name: _____
Address: _____ City: _____
Prov.: _____ Postal Code: _____ Email: _____
Home Phone: _____ Birth Date: MONTH / DATE / YEAR Jersey #: _____

4. First Name: Last Name: _____
Address: _____ City: _____
Prov.: _____ Postal Code: _____ Email: _____
Home Phone: _____ Birth Date: MONTH / DATE / YEAR Jersey #: _____

5. First Name: Last Name: _____
Address: _____ City: _____
Prov.: _____ Postal Code: _____ Email: _____
Home Phone: _____ Birth Date: MONTH / DATE / YEAR Jersey #: _____

6. First Name: Last Name: _____
Address: _____ City: _____
Prov.: _____ Postal Code: _____ Email: _____
Home Phone: _____ Birth Date: MONTH / DATE / YEAR Jersey #: _____

TEAM ROSTER FORM

First Name: _____ Last Name: _____
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