



Team Roster _____

ROSTER FOR NON OMRHA / NIHA MEMBER TEAMS

AP List _____

2007 AL LEE WATERFRONT MEMORIAL TOURNAMENT, JUNE 22-24

Team Name: _____ Home Centre: _____ Age Division: _____
Division: _____ Circle appropriate skill division: AAA(open) AA(Trillium)

**14 players per roster, maximum. List players in Alphabetical Order
Must have Home and Away Jerseys**

| PLAYER NAME | PLAYER SIGNATURE | JERSEY NUMBER | COLOUR OF JERSEY | OFFICIAL USE ONLY | DOB |
|-------------|------------------|---------------|------------------|-------------------|--------|
| | | Home/Away | Home/Away | POA: | M/D/YR |
| 1 | | | | POA: | |
| 2 | | | | POA: | |
| 3 | | | | POA: | |
| 4 | | | | POA: | |
| 5 | | | | POA: | |
| 6 | | | | POA: | |
| 7 | | | | POA: | |
| 8 | | | | POA: | |
| 9 | | | | POA: | |
| 10 | | | | POA: | |
| 11 | | | | POA: | |
| 12 | | | | POA: | |
| 13-G | | | | POA: | |
| 14-G | | | | POA: | |

Head Coach: _____
Assistant Coach: _____
Assistant Coach: _____
Trainer: _____
Manager: _____

Emergency Cell #: _____

Roster submitted by (PRINT NAME) _____

Street Address _____

City _____ State/Prov. _____ Zip/Postal Code _____

Home # _____ Work # _____ Email _____

I hereby certify that each of the players listed above are of the proper age for this division. I further certify the above information is true and correct.

Signature _____ Date _____

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