CDMHA Team Roster Request Form

Division, Team #: _____

Sponsor, Colour: _____

Head Coach: _____ D.O.B. _____

Trainer: _____ D.O.B. _____

Manager: _____ D.O.B. _____

Please circle one:
Asst. Coach/Trainer: _____ D.O.B. _____

Asst. Coach/Trainer: _____ D.O.B. _____

Goalie: _____ Jersey # _____
Goalie: _____ Jersey # _____

List in alphabetical order by surname:

1. Player: _____ Jersey # _____
2. Player: _____ Jersey # _____
3. Player: _____ Jersey # _____
4. Player: _____ Jersey # _____
5. Player: _____ Jersey # _____
6. Player: _____ Jersey # _____
7. Player: _____ Jersey # _____
8. Player: _____ Jersey # _____
9. Player: _____ Jersey # _____
10. Player: _____ Jersey # _____
11. Player: _____ Jersey # _____
12. Player: _____ Jersey # _____
13. Player: _____ Jersey # _____
14. Player: _____ Jersey # _____
15. Player: _____ Jersey # _____
16. Player: _____ Jersey # _____
17. Player: _____ Jersey # _____

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