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|----------------------------|
| For Office Use Only |
| Team ID: _____ |
| # of Players: _____ |
| # of Goalies: _____ |

CDMHA Team Roster Request Form

Division, Team #: _____

Sponsor, Colour: _____

Head Coach: _____ D.O.B. _____

Trainer: _____ D.O.B. _____

Please check one:

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

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

Asst. Coach Trainer Manager _____ D.O.B. _____

D.O.B. of Coaching Staff is Required!

After the coach and trainer positions are filled, additional team officials may be designated up to a maximum of five (5). If a team wishes to add additional personnel, they will be designated as either assistant coach or assistant trainer or manager. The team may only add one Manager to their roster having only Respect in Sport (RiS)-Activity Leader or Speak Out as a qualification.

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 # _____

Please submit your roster to Michael Kichinko C.D.M.H.A.
Registrar

msk12@outlook.com