

CLUB:		TEAM REPRESENTATIVE:		
DATE:	TIME:	RINK:	HOME:	AWAY:
ROSTERED PLAYER	PARENT/GUARDIAN #1	CONTACT #	PARENT/GUARDIAN #2	CONTACT #
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FACULTY	NAME #1	CONTACT #	NAME #2	CONTACT #

MEDIA	NAME #1	CONTACT #	NAME #2	CONTACT #

SCOREKEEPER	NAME #1	CONTACT #		

TRAINER	NAME #1	CONTACT #		

RETURN COMPLETED FORM TO: midstateshockey@att.net