

Bob Merkley Memorial Regional Silver Stick Tournament

TEAM ROSTER

(must be returned by October 24th, 2022)

Team Name:

Category: U9 _____ U11 _____ U13 _____ U15 _____ U18 _____

Please list in numerical order. Must be TYPED OUT (not handwritten)

Sweater #

Name (please print)

Signature (Upon arrival at Tournament,
prior to your first game)

_____	_____	_____
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COACH: _____

MANAGER: _____

ASST COACH: _____

TRAINER: _____