

Bob Merkley Memorial Regional Silver Stick Tournament

TEAM ROSTER

(must be returned by October 23rd, 2016)

Team Name: _____

Category: Novice ____ Atom ____ Pee Wee ____ Bantam ____ Midget ____

Please list in numerical order

Sweater #

Name (please print)

Signature (prior to first game)

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COACH: _____

MANAGER: _____

ASST COACH: _____

TRAINER: _____
