|  |
| --- |
| **STIEFEL HOCKEY - SUMMER 2019 - TEAM ROSTER** |
| **TEAM NAME** |    |
|  **Team Captain (Name/Phone)** |   |
|  **Division A/B/C (if your team is mostly beginners, please note)** |    |
|  **Days Available (games will be Sunday/Wednesday/Thursday)** |   |
|  **Team Color (First/Second Choice)** |    |
| League Begins on/around May 29th, League fees are $65 per player and each roster must have a minimum of 6 paid players |
| Questions to Caleb Cragle 724-971-0311; Kevin Boariu 724-971-4600; Email: stiefelhockey@gmail.com |
| **#** | **PLAYER'S NAME and Phone Number**  | **County(Important)** | **Paid** |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|   |   |   |   |
|   |   |   |   |