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| **STIEFEL HOCKEY - FALL 2018 - TEAM ROSTER** | | | |
| **TEAM NAME** | |  | |
| **Team Captain (Name/Phone)** | |  | |
| **Division A/B (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 Sept 5, League fees are $350 per team | | | |
| Questions to Caleb Cragle 724-971-0311; Kevin Boariu 724-971-4600; Email: stiefelhockey@gmail.com | | | |
| **#** | **PLAYER'S NAME and phone number** | **DATE OF BIRTH** | **Paid** |
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