HRI BANTAM AA TIER 1

COACHES TOURNAMENT PLAYER ROSTER

(please fill in accurately as this will be used for player identification)

No.	NAME (PLEASE PRINT)	B. DATE	H	W	L/R	PHONE	ADDRESS	

KEY:(NO. Sweater # HOME/AWAY) (B.DATE – 25/12/83) (H – HEIGHT) (W – WEIGHT) (L/R – SHOT)

COACHES/MANAGERS/TRAINER INFORMATION

	NAME	ADDRESS	PHONE	FAX	E-mail
Coach					
Coach					
Coach					
Manager					
Trainer					

TEAM NAME _____ **DIVISION** _____

COACHES/MANAGERS SIGNATURE _____

RETURN TO: Gordon Schmidt PH. 306-543-4825
216 Coldwell Rd. Fax 306-924-0361
Regina, Sask. Canada.
S4R-4L2

Patrick Kurtz PH/Fax - 306-546-2325
3503 Jenkins Dr..
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