



H.N.L. TEAM ROSTER

TEAM NAME: _____ TEAM COLORS: _____ DIVISION: _____ CATEGORY: AAA

SURNAME	FIRST NAME	DATE OF BIRTH	PHONE #	E-MAIL	STREET ADDRESS	TOWN	POSTAL CODE	MCP #
Goalie								
Goalie								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
								Certification
Coach								
Asst. Coach								
Trainer								
Manager								

This completed form is required for teams entering into provincial competition. Please print & complete form in full and send to the HNL Office by January 10, 2009.

On the form, please indicate the name of the team, the division and the category. Please provide the name and mailing address of the coaches, manager and trainer.

Players named on the team roster form must be registered with their local minor hockey association.

Team rosters will be checked at the office and a certified copy will be returned to the team. You will be advised if any of those listed are not eligible.