



Outdoor Ball Hockey League

OUTDOOR BALL HOCKEY LEAGUE TEAM ROSTER FORM

1479 Baseline Road, Winona, ON L8E 5G4 call/text: 905-520-7965

info@outdoorballhockey.com

www.outdoorballhockey.com

Team Name: _____ Div: _____ Color: _____ Date: _____

Team Rep or Coach:

Name: _____ Cell#: _____ Text? Y or N _____

Address: _____ City: _____

Email: _____ Postal Code: _____

Alternate Team Rep or Coach:

Name: _____ Cell#: _____ Text? Y or N _____

Address: _____ City: _____

Email: _____ Postal Code: _____

	#	Full Name	Other Info:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Team Availability and Scheduling Info:

Minimum 2 weekdays you can play: _____

1 day or time you can't play: _____

Weekend preferences (Fri, Sat, Sun, state all that apply): _____

Other Info: _____