OUTDOOR BALL HOCKEY LEAGUE TEAM ROSTER FORM

1479 Baseline Road, Stoney Creek, ON L8E 5G4 Tel: **905-520-7965**
info@outdoorballhockey.com
www.outdoorballhockey.com

Date Submitted:_____

Team Information:

Team Name _____ Sponsor: _____ Colour:_____

Youth Rep: Novice (7-9) Atom (10-12) Pee Wee (13-15)

Teen: Boys (16 -18) Girls (16-18)

Adult: Mens (+18) A B C D E Mens +30 Womens (+18) A B Womens +30

Team Rep/Coach Information:

Name: _____ Phone #: _____ Cell #: _____

Address:_____ City: _____

Email: _____ Postal Code: _____

Alternate Team Rep/Assistant Coach Information:

Name: _____ Phone #: _____ Cell #: _____

Address:_____ City: _____

Email: _____Postal Code: _____

#	Name	Pos	Phone	Email
		Goalie		
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3 best days to play: _____

Medical Info: