



JUNIOR ROSTER

2009-2010

TEAM NAME _____ DATE SUBMITTED _____

CIRCLE NUMBER NEXT TO GOALIES

	SURNAME	GIVEN NAME	IMPORT (✓ IF YES)
1.			
2.			
3.			
4.			
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24.			
25.			

TEAM OFFICIALS

	SURNAME	GIVEN NAME	ROLE (i.e. Head Coach, Asst. Coach)
1.			
2.			
3.			
4.			
5.			

SAFETY

	SURNAME	GIVEN NAME
1.		
2.		

HOCKEY MANITOBA APPROVAL _____ DATE _____