Team Name _____ Division _____

List players in Alphabetical Order. 15 players per roster, maximum.

PLAYER NAME	PLAYER SIGNATURE	JERSEY NUMBER	OFFICIAL USE ONLY	RHA MEMBER #
1			W: POA:	
2			W: POA:	
3			W: POA:	
4			W: POA:	
5			W: POA:	
6			W: POA:	
7			W: POA:	
8			W: POA:	
9			W: POA:	
10			W: POA:	
11			W: POA:	
12			W: POA:	
13			W: POA:	
14 GOALIE			W: POA:	
15 GOALIE			W: POA:	
				TOTAL:

Head Coach	
Assistant Coach	
Assistant Coach	

Roster submitted by (PRINT NAME) _____

Street Address _____

City _____ State/Prov._____ Zip/Postal Code_____

Home # _____ Work # _____ Email _____

I hereby certify that each of the players listed above are of the proper age for this division. I further certify the above information is true and correct.

Signature _____ Date _____