

# THE KROPPY CUP

## Memorial Pond Hockey Tournament

### Team Roster Form

Team Name: \_\_\_\_\_

Division:

- Open: 15 years old (as of February 15<sup>th</sup>, 2020) and up.

Team Leader Name: \_\_\_\_\_

Team Leader E-mail: \_\_\_\_\_

Team Leader Cell/Phone: \_\_\_\_\_

Player Name (First, Last)

Birthdate (bring ID to first game)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

Bring this form completed along with the individual player signed waiver forms to the Team Leaders meeting on Friday, February 14<sup>th</sup>, 2020 5:00 PM at the Comfort Inn.

