



2011-2012 Junior Roster

TEAM NAME _____ DATE SUBMITTED _____

CIRCLE NUMBER NEXT TO GOALIES

	SURNAME	GIVEN NAME	IMPORT (✓ IF YES)
1.			
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25.			

TEAM OFFICIALS

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

HOCKEY MANITOBA APPROVAL _____ DATE _____

THIS SHOULD ONLY BE SUBMITTED ON DECEMBER 1ST AND JANUARY 10TH