

SLUSH CUP INDOOR TOURNAMENT

2010 TEAM ROSTER

1. Roster must be handed into tournament headquarters no later than ½ hour prior to your first game.
2. There must be a copy of your provincial team registration form attached to this roster.
3. Guest Players must be marked down as "guest player" and there must be an accompanying permission letter from their current coach as well as a copy of their provincial team registration form.

Team Name: _____

Age Group: Under _____ Gender: _____ Tier: _____

Team Colors: _____

Coaches Name: _____

Coaches Phone (where can we reach you during the tournament?): _____

For out of town teams, where will you be staying (name & phone # of hotel):

	PLAYERS NAME (PRINTED)		DATE OF BIRTH		
	Surname	First	Month	Day	Year
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