



COAST HOCKEY LEAGUE

TEAM ROSTER

TEAM NAME _____ DIV _____
 MANAGER _____ PHONE _____ WORK _____
 CELL _____ E-MAIL _____
 ASSISTANT MANAGER _____ PHONE _____ WORK _____
 JERSEY COLORS (HOME) _____ (AWAY) _____ FAX _____

	NAME	MAILING ADDRESS	PHONE	*E-mail (required)	POS. #	WAIVER	PAYMENT
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