

City/Town/or Community: _____ (Required)

Team Name: _____

Note: All teams will be entered with a location i.e.) Selkirk Danglers

Division (1, 2, or 3): _____



ADULT REC

**2010
HM Cup Roster
April 9-11, 2010**

- The information below is collected for all registered participants and is required by Hockey Manitoba (its employees, team officials, volunteers, leagues and associations) to facilitate its hockey programs and to administer the rules that govern sanctioned events. **Signature below indicates understanding and agreement with the respect to the aforementioned use of personal information.**
- Hockey Manitoba does not share the information we collect outside our Branch and Associations, however we may from time to time use this information for the purposes of offering additional services, including promotions offered by third parties. This type of usage of your personal information by Hockey Manitoba and/or its associations is entirely at your discretion. **Please indicate your preference by circling Yes or No next to your signature.**

Hockey Manitoba treats this information with the utmost respect and in accordance with the Hockey Manitoba Privacy Policy at all times. For further information on Hockey Manitoba's Privacy Policy, please visit our website at www.hockeymanitoba.mb.ca.

WWW.HOCKEYMANITOBA.MB.CA/ADULTREC

Note:

Print (G) next to name for Goalies below
Print (M) next to name for Managers below
Maximum of 18 players per roster

	PLAYER NAME <i>(please print)</i>	M/F	D.O.B. M/D/Y	MAILING ADDRESS / CITY <i>(Include Section/Township/Range/Quarter if applicable)</i>	POSTAL CODE	PHONE NUMBER	ACTIVE EMAIL	1. PLAYERS SIGNATURE	2. Yes/No
1.									Y N
2.									Y N
3.									Y N
4.									Y N
5.									Y N
6.									Y N
7.									Y N
8.									Y N
9.									Y N
10.									Y N
11.									Y N
12.									Y N
13.									Y N
14.									Y N
15.									Y N
16.									Y N
17.									Y N
18.									Y N

HOCKEY MANITOBA APPROVAL _____ DATE APPROVED _____



PLEASE SUBMIT YOUR COMPLETED ROSTER TO HOCKEY MANITOBA, ATTN: KYLE PRYSTUPA

FAX: 925-5761 OR EMAIL: kyle@hockeymanitoba.mb.ca

ROSTER MUST BE SUBMITTED BY APRIL 1ST, 2010

SIGNATURES NOT REQUIRED UNTIL FIRST GAME OF TOURNAMENT (HOCKEY MB WILL PROVIDE YOUR ROSTER BEFORE GAME-TIME)

