



## 2016-2017 Junior Roster

TEAM NAME \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

	LAST NAME	FIRST NAME	IMPORT
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### TEAM OFFICIALS

	SURNAME	GIVEN NAME	POSITION WITH TEAM
1.			
2.			
3.			
4.			
5.			
6.			SAFETY

HOCKEY MANITOBA APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*THIS SHOULD ONLY BE SUBMITTED ON DECEMBER 1<sup>ST</sup> AND JANUARY 10<sup>TH</sup>\*\***