



2018-2019 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 1ST AND JANUARY 10TH by 5PM