SOUTH WOOD COUNTY YOUTH HOCKEY ASSOCIATION
TEAM ROSTER
2010/2011

Team Name: _____

Jersey # Home / Away	Player's Name (Please print or type)

****Coaches Information must be completed below:****

Coach: _____ **CEP#:** _____ **Level:** _____ **YR:** _____

Coach: _____ **CEP#:** _____ **Level:** _____ **YR:** _____

Coach: _____ **CEP#:** _____ **Level:** _____ **YR:** _____

Team Manager: _____ **Cell #:** _____

Please attach your official USA Hockey Roster to this form. If roster is not available at registration, you must present it at Tournament Registration.

If you have your team roster in label format, please e-mail it to Tina Slaven at
auto@rockingems.com