Nelson Minor Hockey Tournament

Player Roster Form

TOURNAMENT: _____

ASSOCIATION: _____

TEAM NAME: _____

Coaches Name:	Phone Number:	E-mail Address:
Manager's Name:	**Phone Number:**	**E-mail Address:**
Jersey Colours:	**Alt. Jersey Colour:**	

Number	First Name	Last Name	Birthdate

Signature of Team Official: _____ **Date:** _____