

2019 STATE WARS - TEAM ROSTER FORM



ST/PV: _____ Team Name: _____

Roster Deadline: June 1, 2019

DIVISION: JR JUG SENIOR WOMEN'S 35ov 45ov PRO

LEVEL: AAA AA A **if a player is on another team and doesn't need jerseys please make note of this**

TEAM MANAGER INFORMATION:

FIRST AND LAST NAME: _____ **CELL PHONE:** (_____) _____

EMAIL ADDRESS: _____ **HOME PHONE:** (_____) _____

STREET ADDRESS: _____ **CITY:** _____ **ST/PV:** _____ **ZIP/POSTAL:** _____

PLEASE PRINT CLEARLY

FIRST NAME	LAST NAME	JERSEY #	JERSEY SIZE				F or D	RHA Member #	WVR	POA	RHA	
_____	_____	# _____	XS	SM	MD	LG	XL	2XL	_____	☐	☐	☐
_____	_____	# _____	XS	SM	MD	LG	XL	2XL	_____	☐	☐	☐
_____	_____	# _____	XS	SM	MD	LG	XL	2XL	_____	☐	☐	☐
_____	_____	# _____	XS	SM	MD	LG	XL	2XL	_____	☐	☐	☐
_____	_____	# _____	XS	SM	MD	LG	XL	2XL	_____	☐	☐	☐
_____	_____	# _____	XS	SM	MD	LG	XL	2XL	_____	☐	☐	☐
_____	_____	# _____	XS	SM	MD	LG	XL	2XL	_____	☐	☐	☐
_____	_____	# _____	XS	SM	MD	LG	XL	2XL	_____	☐	☐	☐
_____	_____	# _____	XS	SM	MD	LG	XL	2XL	_____	☐	☐	☐
_____	_____	# _____	XS	SM	MD	LG	XL	2XL	_____	☐	☐	☐
_____	_____	# _____	XS	SM	MD	LG	XL	2XL	_____	☐	☐	☐
GOALIE	_____	# _____	LG	XL	2XL	Goalie Cut	G	_____	☐	☐	☐	
GOALIE	_____	# _____	LG	XL	2XL	Goalie Cut	G	_____	☐	☐	☐	