

2019 NARCh REGIONAL ROSTER

Team Name _____ **Division** _____

List players in Alphabetical Order. 15 players per roster, maximum.

1	PLAYER NAME	PLAYER SIGNATURE	JERSEY NUMBER	OFFICIAL USE ONLY	RHA MEMBER #
1				W: POA:	
2				W: POA:	
3				W: POA:	
4				W: POA:	
5				W: POA:	
6				W: POA:	
7				W: POA:	
8				W: POA:	
9				W: POA:	
10				W: POA:	
11				W: POA:	
12				W: POA:	
13				W: POA:	
14	GOALIE			W: POA:	
15	GOALIE			W: POA:	
TOTAL:					

Head Coach	
Assistant Coach	
Assistant Coach	

Roster submitted by (PRINT NAME) _____

Street Address _____

City _____ State/Prov. _____ Zip/Postal Code _____

Home # _____ Work # _____ Email _____

I hereby certify that each of the players listed above are of the proper age for this division. I further certify the above information is true and correct.

Signature _____ Date _____