



WNY ICE HOCKEY LEAGUE

ROSTER FORM 2019-20

(Print Neatly)

Division _____ Team Name _____

<u>PRINTED NAME</u>	<u>Jersey #</u>	<u>USA Membership</u>	<u>AMT Paid Payment or other</u>	<u>Week 1</u>	<u>Week 4</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
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14.					
15.					
16.					
17.					
18.					
19.					
20.(G)					

TOTAL AMOUNT DUE \$ _____

- \$100 Minimum deposit per player must be submitted with this roster to officially be put on Powerplaystats.
- Your full team payment is due by the 4th game.
- Your Info and signature below indicate to the WNYIHL that you will be responsible for any outstanding balances still due by your team and that you will pay any short falls at your 4th game.
- Please write in a working email as neatly as possible.

COACH or CAPTAINS NAME: _____ E-Mail: _____

Home Phone: _____ Cell Phone: _____

SIGNATURE: _____ Date: _____