

Team Roster

GEYER SIGNAL Center Ice Classic

Name of Association: _____

Please print all informaton.

Pee Wee or Bantam _____

Due Date: December 1, 2007

Head Coach _____ CEP# _____ Level _____ Year _____

Assist Coach _____ CEP# _____ Level _____ Year _____

Assist Coach _____ CEP# _____ Level _____ Year _____

Manager _____

Contact Person _____

Address _____

If you choose to submit a type-written roster, please include all of the info that is asked for on this form. Thank You

Telephone _____ E-Mail _____

Players

	No	First Name	Last Name	Pos
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Please enter one primary postion for each player... it may be changed at game time. *Thank You.*

Return to: Jeff Jennings Fax: (320) 252-3486 or E-mail: jeffjenn@jenningsins.com