ROLLER HOCKEY ROSTER

DATE	:

CAPTAINS NAME		ASSISTANT NAME			
CAPTAINS PHONE#	()	ASSISTANT PHONE#	()	TEAM COLOR:
	· · ·				

1. Please fill out roster form & return to desk as soon as possible as each team is taken on a first come first serve basis. A non-refundable deposit of \$180.00 will be required at the time of entering your team to ensure your place in the schedule.

2. You must have 9 players listed on the roster and they must be paid by the 3rd game.

*NAMES AND ISSORVAUMOSSO AD A MUSTUU

3. Rosters will be frozen after the third game and all players that are not paid in full will be taken off. All per game player must be on the roster and have played at least one game by the third game.

ONE DAY ONLY

I. The Plainville Indoor Sports Arena reserves the right to bar any team and or individual player from playing in any division or on any team who, in Management's opinion, would be overwhelmingly strong or weak
and make the teams in any division uneven. PISA also has the right to bar any team during the regular season who disrupts league play by arguing or fighting. All monies will be non-refundable in all situations.

We want to meet all your scheduling needs, but we **cannot guarantee** them. As the number of teams grow, it will become increasingly more difficult to do so. The team must be available at least 1 weekend day, Saturday or Sunday. Both days cannot be an exception. Indicate morning, afternoon, or evenings that are <u>not good</u> for the weekend.

List **ONE** day that your team <u>cannot</u> play:

TEAM NAME:

ONE TIME ONLY

	NAMES P		SET NUMBERS AR A MU	0011111			THIS SECTION TO BE FILLED OUT BY P.I.S.A							
	PLAYER			LY)		OTHER TEAMS PLAYER WILL BE	1ST PAYM		2ND PAYM		3RD PAYM		WAIVER	
	NUMBER	LAST	FIRST		PHONE #	IN THIS SEASON (ROLLER ONLY)	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	SIGNED	
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