DECK HOCKEY ROSTER

TEAM NAME:	
CAPTAINS NAME	

_

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 \$150.00 will be required at the time of entering your team to ensure your place in the schedule.

2. You must have 11 players listed on the roster and they must be paid by the 3rd game.

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.

4. 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 not good for the weekend.

_ist	ONE day	that you	ur team <u>cannot</u> play:												
ON NAMES AND JERSEY NUMBERS AR A MUST.					INLY ONE DAY ONLY ONE TIME			****** THIS SECTION TO BE FILLED OUT BY P.I.S.A *******							
	PLAYER NUMBER	NAME LAST	(PLEASE WRITE NEA FIRST	ATLY)	PHONE #	OTHER TEAMS PLAYER		1ST PAYM AMOUNT		2ND PAYM AMOUNT		3RD PAYM AMOUNT		WAIVER SIGNED	
1				() -			\$		\$		\$			
2				() -			\$		\$		\$			
3				() -			\$		\$		\$			
4				() -			\$		\$		\$			
5				() -			\$		\$		\$			
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