

Team Name: _____ Division: _____
 Team Contact _____ Contact Phone #: _____
 Contact Email: _____

X/XX/2025

	First Name	Last Name	Email Address	Date of Birth	USA Hockey Number (4th digit must be 5 or 6)	Rating	Jersey #
1							
2							
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S2							
S3							
S4							
S5							

Your roster limit is 15 full-time skater, one goalie and up to 5 subs.

Please return form to Don Weyand - dweyand1@nycap.rr.com Questions about event - Jeff Yule - jyule@buildingonlove.org (518)364-5461

DEADLINES - March 1, 2025 - Draft of roster with names and email for as many players as possible

XXX XX, 2025 - Final of roster with names and email of full time players

XXX XX, 2025 - Final complete roster due