



2024 Unifor National Non-Contact Hockey Tournament

2024 TEAM ROSTER

PLEASE CHECK ONE DIVISION YOU ARE ENTERING:

OPEN DIVISION

OVER 45 DIVISON (45+)

OVER 35 DIVISON (35+)

OVER 55 DIVISON (55+)

LOCAL UNION YOU WILL BE REPRESENTING: _____

JERSEY COLOUR

HOME: _____ AWAY: _____

1.	PLAYERS NAMES:	LOCAL #
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
Goalie		
Goalie		
Coach		
Manager		

NOTE: All Team Members will be required to show Union Card and two pieces of identification. Members listed as Coach and Manager are permitted to be players of this team. **All participants are required to sign a waiver.** I hereby sign that the above names listed are all members of the UNIFOR (35+, 45+, 55+ divisions, are of the age of 35 or over, 45 or over and 55 or over). I also understand and have explained to each of the above members that we all are held accountable for any FALSE STATEMENT.

TEAM CONTACT OR MAILING ADDRESS:

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

X _____
Signed by Coach or Manager