

## TEAM REGISTRATION FORM



Local Association:		Team Name: <b>Bladez</b>	
<b>Level</b> <input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B	<b>Age Group - Please check one</b> <input checked="" type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19  <input type="checkbox"/> 18+ <input type="checkbox"/> 30+		<b>Home Color:</b>  <b>Away Color:</b>
		<b>Yellow</b>	

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
					Y		
1	7	Arruda	Niklas	m	2007		
2	4	Arruda	Miguel	m	2006		
3	6	Ball	Danaka	f	2006		
4	10	Bass	Jennessa	f	2004		
5	12	Corbin	Kiarra	f	2004		
6	16	Aquin	Hailey	f	2003		
7	11	Frostad	Emily	f	2003		
8	5	Frostad	Ashley	f	2005		
9	3	Haidl	Olivia	f	2004		
10	13	Knowles	Carly	f	2005		
11	2	Leier	Abby	f	2004		
12	9	Maletta	Bella	f	2005		
<b>13</b>	<b>14</b>	Sellinger	Kira	f	2004		
14	8	Verhelst	Devin	f	2006		
15		Tororey	Shem	M	2004		
16							
17							
18							

TEAM STAFF						
	List max. of 5	Surname	Given Name	M/F	Certification *	
<input type="checkbox"/>	Coach	Kirstein	Coralee	f		
<input type="checkbox"/>	Asst. Coach	Frostad	Carrie	f		
<input type="checkbox"/>	Asst. Coach					
<input type="checkbox"/>	Asst. Coach					
<input type="checkbox"/>	Manager	Verhelst	Robin	f		
<input type="checkbox"/>	Trainer	Knowles	Darcy	m		

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



Local Association:		Team Name: <b>Chaos</b>		
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B	Age Group - Please check one <input checked="" type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19  <input type="checkbox"/> 18+ <input type="checkbox"/> 30+		Home Color:	Green
			Away Color:	

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1	5	Bryden	Jayda	f	2004	
2	14	Bryden	Rylie	f	2004	
3	19	Fisher	Avery	f	2006	
4	7	Forrest	Julia	f	2005	
5	13	Hicks	Easton	f	2005	
6	1	Klyne	Hanna	f	2006	
7	9	McBeth	Chloe	f	2005	
8	8	Obst	Morgan	f	2005	
9	2	Renner	Rianne	f	2004	
10	4	Schutz	McKenna	f	2004	
11	15	Szautner	McKinley	f	2005	
12	10	Tremblay	Janey	f	2006	
13	3	Wenger	Ava	f	2005	
14	12	Wright	Abby	f	2006	
15						
16						
17						
18						

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Renner	Darren	m	
<input type="checkbox"/>	Asst.Coach	McBeth	Scott	m	
<input type="checkbox"/>	Asst. Coach	Wright	Jessica	f	
<input type="checkbox"/>	Asst. Coach	Obst	Wade	m	
<input type="checkbox"/>	Manager	McBeth	Trisha	f	
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



Local Association:		Team Name: <b>Hericanes</b>	
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B	Age Group - Please check one <input checked="" type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19  <input type="checkbox"/> 18+ <input type="checkbox"/> 30+		Home Color:  Away Color:

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
				Y	
1	Belmore	Sara	f	2004	
2	Brass	Brie-Ann	f	2006	
3	Brass	Janessa	f	2004	
4	Briere	Skyler	f	2004	
5	Carter	Emerson	f	2006	
6	Cowan	Brenna	f	2004	
7	Doka	Brooklyn	f	2006	
8	Gartner	Eva	f	2004	
9	Herom	Cameron	f	2004	
10	Hollinger	Emerson	f	2005	
11	Euteneier	Layna	f	2003	
12	Jackson	Lily	f	2004	
13	McMillan	Rylee	f	2005	
14	Nameth	Kyra	f	2004	
15					
16					
17					
18					

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Cowan	Lee	m	
<input type="checkbox"/>	Asst. Coach	Herom	Kevin	m	
<input type="checkbox"/>	Asst. Coach	Carter	Crista	f	
<input type="checkbox"/>	Asst. Coach	Belmore	Norma Jean	f	
<input type="checkbox"/>	Manager	Herom	Treena	f	
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



<b>Local Association:</b>		<b>Team Name:</b> Rocket Girls	
<b>Level</b>	<b>Age Group - Please check one</b>		<b>Home Color:</b>
<input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+		pink/black
			<b>Away Color:</b>

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
				Y	
1					
2	6	Benyei	Kaydence	f	2006
3	12	Bryksa	Peyton	f	2004
4	14	Farrow	Melia	f	2006
5	15	Hills	Emma	f	2004
6	9	Jickling	Mya	f	2004
7	4	Kraine	Kaitlyn	f	2004
8	13	Lang	Allery	f	2005
9	11	Schoenhofen	Lauren	f	2005
10	3	Schulz	Bree	f	2006
11	10	Schwartz	Dorean	f	2005
12	16	Seidler	Talia	f	2005
13	7	Watson	Amelia	f	2005
14	5	Watson	Sarah	f	2003
15	8	Welsh	Trista	f	2004
16					
17					
18					

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Schoenhofen	Donnell	f	
<input type="checkbox"/>	Asst.Coach	Welsh	Ian	m	
<input type="checkbox"/>	Asst. Coach	Snell	Amanda	f	
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Manager	Hills	Jodie	f	
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



<b>Local Association:</b>		<b>Team Name: Shooting Stars</b>	
<b>Level</b> <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B	<b>Age Group - Please check one</b> <input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19  <input type="checkbox"/> 18+ <input type="checkbox"/> 30+		<b>Home Color:</b> baby Blue  <b>Away Color:</b>

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
				Y	
1	Clarke	Maddison	f	2007	
2	Clarke	Kealy	f	2007	
3	Hagglund	Rebekah	f	2004	
4	Hector	Virginia	f	2004	
5	Hodge	Jacey	f	2005	
6	Johnson	Kyla	f	2006	
7	Nelson	Lauren	f	2002	
8	Liskowich	Kate	f	2004	
9	McCormick	Abigail	f	2005	
10	Nelson	Julia	f	2005	
11	Olson	Keeley	f	2004	
12	Schwab	Brooklyn	f	2005	
13	Tressel	Sydney	f	2003	
14	Wiens	Georgia	f	2004	
15					
16					
17					
18					

<b>TEAM STAFF</b>					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	McCormick	Laura	f	
<input type="checkbox"/>	Asst.Coach	Hector	Darren	m	
<input type="checkbox"/>	Asst. Coach	Schwab	Angela	f	
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Manager	Johnson	Holly	f	
<input type="checkbox"/>	Trainer	Liskowich	Todd	m	

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

### TEAM REGISTRATION FORM



<b>Local Association:</b>		<b>Team Name: Ice Angels</b>	
<b>Level</b>	<b>Age Group - Please check one</b>		<b>Home Color:</b> green
<input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B	<input type="checkbox"/> U9 <input checked="" type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+		<b>Away Color:</b> white

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1		Carter	Jenna	f	2002	
2		Cote	Chande	f	2003	
3		Donaldson	Hailey	f	2003	
4		Heerspink	Rhiannon	f	2003	
5		Kehrig	Elysia	f	2002	
6		Lenz	Ally	f	2003	
7		Lieb	Jenessa	f	2003	
8		Liebel	Paige	f	2002	
9		Okerstrom	Camille	f	2003	
10		Parisloff	Kianna	f	2003	
11		Stronach	Ava	f	2003	
12		Vaskor	Emma	f	2003	
13		Wiens	Dierdra	f	2002	
14						
15						
16						
17						
18						

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Okerstrom	Joanne	f	
<input type="checkbox"/>	Asst. Coach	Parisloff	Sally	f	
<input type="checkbox"/>	Asst. Coach	Stronach	Lesley	f	
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Manager				
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



<b>Local Association:</b>		<b>Team Name: Ice Breakers</b>	
<b>Level</b>	<b>Age Group - Please check one</b>		<b>Home Color: green</b>
<input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B	<input type="checkbox"/> U9 <input checked="" type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+		
			<b>Away Color: white</b>

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1		Baldwin	Paige	f	2003	
2		Beauchesne	Alex	f	2002	
3		Belmore	Jade	f	2002	
4		Briere	Savanna	f	2002	
5		Degenstein	Sara	f	2002	
6		Dumaine	Haley	f	2003	
7		Gienow	Alyx	f	2002	
8		Herrington	Madison	f	2002	
9		Hodge	Cailen		2002	
10		Hollinger	Kennedy	f	2002	
11		Kuhn	Lauren	f	2002	
12		Macknak	Jadyn	f	2002	
13		Maher	Sylvie	f	2002	
14		Phaneuf	Dayle	f	2003	
15						
16						
17						
18						

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Gienow	Jeff	m	
<input type="checkbox"/>	Asst. Coach	Hollinger	Kent	m	
<input type="checkbox"/>	Asst. Coach	Belmore	Norma Jean	f	
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Manager	Maher	Derek	m	
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



Local Association:		Team Name: <b>Lunastix</b>	
<b>Level</b> <input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B	<b>Age Group - Please check one</b> <input type="checkbox"/> U9 <input checked="" type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19  <input type="checkbox"/> 18+ <input type="checkbox"/> 30+		<b>Home Color:</b> <b>green</b>  <b>Away Color:</b> <b>white</b>

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
				Y	
1	Balaberda	Bailey	f	2002	
2	Benko	Emma	f	2002	
3	Betson	Brooke	f	2002	
4	Bruce	Georgia	f	2002	
5	Culling	Sydney	f	2003	
6	Grandel	Naomi	f	2002	
7	Iannone	Ava	f	2002	
8	Jones	Bryn	f	2002	
9	Leier	Lauren	f	2002	
10	Riou	Jordyn	f	2002	
11	Sheard	Kia	f	2003	
12	Wallis	Montana	f	2003	
13	Bonar	Mirabel	f	2002	
14					
15					
16					
17					
18					

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Jones	Tanya	f	
<input type="checkbox"/>	Asst. Coach	Weston	Andrea	f	
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Manager				
<input type="checkbox"/>	Trainer	Sheard	Kathleen	f	

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

**TEAM REGISTRATION FORM**



<b>Local Association:</b>		<b>Team Name: Rockets</b>	
<b>Level</b> <input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B		<b>Age Group - Please check one</b> <input type="checkbox"/> U9 <input checked="" type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+	
		<b>Home Color:</b>	green
		<b>Away Color:</b>	white

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1	10	Melnyk	Myah	f	2002	
2	16	Brogden	Hannah	f	2002	
3	3	Colwell	Kallie	f	2002	
4	5	Copeman	Jayden	f	2002	
5	13	Frostad	Julie	f	2002	
6	7	Jackiw	Kiara	f	2003	
7	12	Maurer	Ryan	f	2003	
8	9	Paul	Jasper	f	2003	
9	14	Psenica	Caylee	f	2003	
10	11	Schlosser	Brezlyn	f	2003	
11	19	Trembley	Kaitlyn	f	2002	
12	6	Wilk	Savanna	f	2002	
13	8	Endicott	Brynn	f	2004	
14						
15						
16						
17						
18						

<b>TEAM STAFF</b>					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Endicott	Brad	m	
<input type="checkbox"/>	Coach	Brogden	Jayden	m	
<input type="checkbox"/>	Asst. Coach	Paul	Michael	m	
<input type="checkbox"/>	Asst. Coach	Frostad	Carrie	f	
<input type="checkbox"/>	Manager	Maurer	Hayley	f	
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



Local Association:		Team Name: <b>Spitfires</b>	
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B	Age Group - Please check one <input type="checkbox"/> U9 <input checked="" type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19  <input type="checkbox"/> 18+ <input type="checkbox"/> 30+		Home Color: <b>green</b>  Away Color: <b>white</b>

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
				Y	
1	Andreasen	Halle		2002	
2	Brezinski	Abby		2003	
3	Flaman	Mattea		2003	
4	Carani	Chiara	f	2003	
5	Klewchuk	Kaylie		2003	
6	Laycock	Ashley		2002	
7	Matz	Hannah		2002	
8	McCaw	Kaitlynn		2003	
9	Ruehs	Abigail		2003	
10	Smith	Ariana		2002	
11	Standish	Taylor		2002	
12	Stang	Madeline		2003	
13	Stangel	Bailey		2003	
14	Duran	Kaitlyn		2004	
15					
16					
17					
18					

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Kuntz	Colin	m	
<input type="checkbox"/>	Asst.Coach	Flaman	Leanne	f	
<input type="checkbox"/>	Asst. Coach	Klewchuk	Rob	m	
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Manager				
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

### TEAM REGISTRATION FORM



<b>Local Association:</b>	<b>Team Name:</b> Chaos
<b>Level</b> <input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B	<b>Age Group - Please check one</b> <input type="checkbox"/> U9 <input type="checkbox"/> U10 <input checked="" type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+
	<b>Home Color:</b> Green  <b>Away Color:</b> White

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate
					Y
1	6	Brewster	McKenna	f	2001
2	1	Gielis	Maggie	f	2000
3	12	Joyce	Marissa	f	2001
4	7	Kaytor	Camille	f	2000
5	16	Langford	Emily	f	2001
6	3	Larsen	Riley	f	2000
7	9	Platt	Brooke	f	2000
8	13	Shaw	Melissa	f	2000
9	2	Stang	Bronwyn	f	2000
10	11	Verhelst	Taylor	f	2000
11	10	Wilk	Shantel	f	2000
12	5	Irving	Olivia	f	2001
13	8	Stangel	Karley	f	2001
14					
15					
16					
17					
18					

TEAM STAFF					
	List max. of	Surname	Given Name	M/F	Certification *
<input checked="" type="checkbox"/>	Coach	Brewster	Cara	f	
<input checked="" type="checkbox"/>	Asst. Coach	Platt	Kim	f	
<input checked="" type="checkbox"/>	Asst. Coach	Larsen	Hans	m	
<input type="checkbox"/>	Asst. Coach				
<input checked="" type="checkbox"/>	Manager	Verhelst	Robin	f	
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

### TEAM REGISTRATION FORM



<b>Local Association:</b>		<b>Team Name:</b> Dynamite	
<b>Level</b>	<b>Age Group - Please check one</b>		<b>Home Color:</b> Green
<input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B	<input type="checkbox"/> U9 <input type="checkbox"/> U10 <input checked="" type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+		
			<b>Away Color:</b> White

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1	1	Bergen	Jae'Lyn	f	2001	
2	5	Burchi	Mikayla	f	2000	
3	14	Butz	Alexa	f	2000	
4	18	Carnegie	Jenna	f	2001	
5	3	Claude	Emily	f	2000	
6	15	Hagerty	Hannah	f	2001	
7	12	Hector	Eleanor	f	2001	
8	8	Kosteniuk	Sarah	f	2000	
9	19	Mellor	Kerighan	f	2000	
10	7	Muhr	Sydney	f	2001	
11	9	Saranchuk	Keeley	f	2001	
12	6	Spasoff	Emily	f	2001	
13	11	Butz	Karly	f	2002	
14						
15						
16						
17						
18						

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Muhr	Kelly	m	
<input type="checkbox"/>	Asst. Coach	Claude	Janelle	f	
<input type="checkbox"/>	Asst. Coach	Butz	Todd	m	
<input type="checkbox"/>	Asst. Coach	Spasoff	Paul	m	
<input type="checkbox"/>	Manager	Butz	Keely	f	
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

### TEAM REGISTRATION FORM



<b>Local Association:</b>		<b>Team Name: Ice Angelz</b>	
<b>Level</b> <input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B	<b>Age Group - Please check one</b> <input type="checkbox"/> U9 <input type="checkbox"/> U10 <input checked="" type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19  <input type="checkbox"/> 18+ <input type="checkbox"/> 30+		<b>Home Color: Green</b>  <b>Away Color: White</b>

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1	15	Alexander	Erin	f	2001	
2	14	Agarand	Kaitlyn	f	2001	
3	3	Bansley	Quinn	f	2000	
4	6	Denomie	Ava	f	2001	
5	7	Faubert	Élan	f	2001	
6	17	MacLellan	Hannah	f	2001	
7	13	Maletta	Jae-Lyn	f	2001	
8	5	Marcil	Kora	f	2000	
9	8	McCrystal	Camryn	f	2000	
10	11	Pickering	Laura	f	2000	
11	4	Shiels	Rachel	f	2000	
12	10	Stang	Sophia	f	2001	
13	1	Zado	Ashley	f	2000	
14						
15						
16						
17						
18						
19						

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input checked="" type="checkbox"/>	Coach	Maletta	Vince	m	
<input checked="" type="checkbox"/>	Asst.Coach	Agarand	Angela	f	
<input checked="" type="checkbox"/>	Asst. Coach	Marcil	Michelle	f	
<input checked="" type="checkbox"/>	Asst. Coach				
<input checked="" type="checkbox"/>	Asst. Coach	Shiels	Michelle	f	
<input checked="" type="checkbox"/>	Manager	Engele	Carla	f	

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



<b>Local Association:</b>			<b>Team Name: Rebels</b>		
<b>Level</b>		<b>Age Group - Please check one</b>			<b>Home Color: green</b>
<input type="checkbox"/> AA	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> U9	<input type="checkbox"/> U10	<input checked="" type="checkbox"/> U12
			<input type="checkbox"/> U14	<input type="checkbox"/> U16	<input type="checkbox"/> U19
			<input type="checkbox"/> 18+	<input type="checkbox"/> 30+	
					<b>Away Color: white</b>

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1	3	Bennett	Allison	f	2001	
2	10	Bernhauser	MacKenzie	f	2001	
3	2	Currie	Oriana	f	2001	
4	4	Douglas	Celeste	f	2001	
5	11	Embury	Meghan	f	2001	
6	17	Foord	Hannah	f	2001	
7	6	Klewchuk	Kelsey	f	2000	
8	7	MacLeod	Mackenzie	f	2001	
9	19	MacLeod	Hannah	f	2001	
10	5	Watson	Makenna	f	2001	
11	1	Wicijowski	Kasia	f	2000	
12		Hall	Addison	f	2000	
13						
14						
15						
16						
17						
18						

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>					
<input type="checkbox"/>	Asst.Coach	Bernhauser	Brent	m	
<input type="checkbox"/>	Asst. Coach	MacLeod	Carla	f	
<input type="checkbox"/>	Asst. Coach	Douglas	Nicole	f	
<input type="checkbox"/>	Manager	Foord	Carey	f	
<input type="checkbox"/>	Trainer	Foord	John	m	

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



Local Association:			Team Name: <b>Ringers</b>		
<b>Level</b> <input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B		<b>Age Group - Please check one</b> <input type="checkbox"/> U9 <input type="checkbox"/> U10 <input checked="" type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19  <input type="checkbox"/> 18+ <input type="checkbox"/> 30+			<b>Home Color:</b> <b>Green</b>
					<b>Away Color:</b> <b>White</b>

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1	7	Budzich	Emma	f	2001	
2	12	Carter	Holly	f	2001	
3	17	Englot	Megan	f	2001	
4	10	Germain	Amy	f	2001	
5	6	Hawkins	Grace	f	2000	
6	13	Howden	Brianne	f	2001	
7	1	Howden	Alyssa	f	2001	
8	4	Meger	Haley	f	2001	
9	16	Moore	Mackenzie	f	2000	
10	9	Robertson	Caitlyn	f	2001	
11	14	Schaefer	Morgan	f	2001	
12	8	Sheard	Cieran (C.J.)	f	2001	
13	2	Vien-Mohr	Kiara	f	2001	
14						
15						
16						
17						
18						

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Budzich	Chris	m	
<input type="checkbox"/>	Asst.Coach	Robertson	Cheryl	f	
<input type="checkbox"/>	Asst. Coach	Schaefer	Myles	m	
<input type="checkbox"/>	Asst. Coach	Tymiak	Phillis	f	
<input type="checkbox"/>	Trainer				
<input type="checkbox"/>	Trainer	Germain	Phillip	m	

Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

### TEAM REGISTRATION FORM



Local Association:			Team Name: <b>Bandits</b>							
Level		Age Group - Please check one			Home Color: <b>green</b>					
<input type="checkbox"/> AA	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> U9	<input type="checkbox"/> U10	<input type="checkbox"/> U12	<input checked="" type="checkbox"/> U14	<input type="checkbox"/> U16	<input type="checkbox"/> U19		
			<input type="checkbox"/> 18+	<input type="checkbox"/> 30+				Away Color: <b>white</b>		

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1	4	Agecoutay	Katyln		98	
2	18	Aquin	J'Lynn		99	
3	8	Benesh	Hannah		98	
4	15	Buhler	Stephanie		99	
5	9	Bushell	Sierra		99	
6	20	Coutts	Cassidy		98	
7	5	Day	Allison		98	
8	7	Day	Casey-Anne		99	
9	12	Grad-Arndt	Ella		99	
10	2	Hills	Cierra		98	
11	10	Kratz	Melayna		99	
12	1	Nikkari	Alexis		98	
13	14	Ridgway	Amelia		99	
14	6	Sjoberg	Courtney		98	
15	13	Young-Wesdyk	Kaylie		99	
16						
17						
18						

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Laroque	Jay	m	
<input type="checkbox"/>	Asst.Coach	Surkan	Sarah	f	
<input type="checkbox"/>	Asst. Coach	Hills	Lyle	M	
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Manager	Day	Tara	f	
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



<b>Local Association:</b>		<b>Team Name: Kaos</b>	
<b>Level</b>	<b>Age Group - Please check one</b>		<b>Home Color: green</b>
<input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B	<input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input checked="" type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19		
	<input type="checkbox"/> 18+ <input type="checkbox"/> 30+		<b>Away Color: white</b>

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1	6	Ash	Morgan	f	99	
2	2	Bokitch	Cameron	f	99	
3	5	Deis	Daylynn	f	98	
4	3	Flaman	Michaela	f	98	
5	13	Gimas	Rachel	f	99	
6	10	Hordichuk	Mikaela	f	98	
7	15	Houk	Aubrie	f	98	
8	9	McEwen	Alexis	f	98	
9	14	Pilkey	Meghan	f	99	
10	1	Skiehar	Brodi	f	99	
11	18	Strachan	Taylor	f	99	
12	4	Thompson	Kendal	f	98	
13	7	Van De Sype	Alanna	f	99	
14	12	Weeks	Katie	f	99	
15						
16						
17						
18						

TEAM STAFF						
	List max. of 5	Surname	Given Name	M/F	Certification *	
<input type="checkbox"/>	Coach	Flaman	Mike	M		
<input type="checkbox"/>	Asst.Coach	Flaman	Shauna	f		
<input type="checkbox"/>	Asst. Coach	Groth	Amanda	F		
<input type="checkbox"/>	Asst. Coach	Weeks	Dwain	M		
<input type="checkbox"/>	Manager	Houk	Rod	M		
<input type="checkbox"/>	Trainer					

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



Local Association:		Team Name: Ringoz Ringers	
<b>Level</b> <input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B	<b>Age Group - Please check one</b> <input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input checked="" type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19  <input type="checkbox"/> 18+ <input type="checkbox"/> 30+		<b>Home Color:</b> green  <b>Away Color:</b> white

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
				Y	M
1	Bass	Jazmine	f	98	
2	Beals	Breanna	f	99	
3	Carmichael	Brooke	f	98	
4	Currie	Chelsea	f	98	
5	Donald	Melissa	f	99	
6	Donald	Camryn	f	99	
7	Freiheit	Liz (Paige)	f	98	
8	Gray	Delaney	f	99	
9	Hack	Shelby	f	99	
10	Muhr	Emily	f	98	
11	Rae	Katrina	f	99	
12	Schaffer	Rae-Lynn	f	99	
13	Smith	Sydney	f	99	
14	Snider	Melissa	f	99	
15					
16					
17					
18					

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Rae	Dean	m	
<input type="checkbox"/>	Asst.Coach	Donald	Scott	m	
<input type="checkbox"/>	Asst. Coach	Gray	Erin	f	
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Manager	Beals	Terri	f	
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



<b>Local Association:</b>		<b>Team Name: Rough Ringers</b>	
<b>Level</b>	<b>Age Group - Please check one</b>		<b>Home Col</b>
<input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B	<input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input checked="" type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19		<b>green</b>
	<input type="checkbox"/> 18+ <input type="checkbox"/> 30+		<b>Away Col</b>
			<b>white</b>

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1	11	Caswell	Olivia	f	99	
2	2	Degenstein	Elizabeth	f	99	
3	5	Gelowitz	Deanna	f	98	
4	8	Hammett	Miranda	f	98	
5	9	Keller	Jennifer	f	98	
6	3	Keller	Hayley	f	98	
7	20	Kotylak	Anita	f	98	
8	6	Palmer	Victoria	f	99	
9	10	Pow	Janel	f	98	
10	34	Puffalt	Jaidyn	f	98	
11	1	Sandercock	Ashley	f	99	
12	23	Scherle	Aspen	f	99	
13	37	Selinger	Natalie	f	98	
14	7	Winkler	Sydnee	f	99	
18						

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Standon	Nicki	f	
<input type="checkbox"/>	Asst. Coach	Standon	Wayne	m	
<input type="checkbox"/>	Asst. Coach	Winkler	Riki	f	
<input type="checkbox"/>	Asst. Coach	Sandercock	Ken	m	
<input type="checkbox"/>	Asst. Coach	Novak	Leah	f	

Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicabl

## TEAM REGISTRATION FORM



Local Association:			Team Name: Cyclones			
<b>Level</b> <input type="checkbox"/> AA <input checked="" type="checkbox"/> A <input type="checkbox"/> B		<b>Age Group - Please check one</b> <input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input checked="" type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19  <input type="checkbox"/> 18+ <input type="checkbox"/> 30+			<b>Home Color:</b> Green	<b>Green</b>
<b>Away Color:</b> White					<b>White</b>	

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
				Y	M
1	Baker	Carly	f	98	
2	Cameron Chacun	Ashton	f	99	
3	Cossette	Shanaya	f	98	
4	Dupuis	Christine	f	99	
5	Embury	Natalie	f	98	
6	Fedec	Ellie	f	98	
7	Flett	Janelle	f	98	
8	Hawman	Brittany	f	98	
9	Klein	Renee	f	98	
10	Lozinski	Melissa	f	98	
11	McNeill	Brittney	f	98	
12	Rooney	Lauren	f	98	
13	Rotariu	Ashley	f	98	
14	Sahulka	Ashley	f	98	
15	Yang	Chandria	f	99	
16	Andreasen	Hannah	f	98	
17					
18					

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Way	Larry	m	
<input type="checkbox"/>	Asst.Coach	Cameron	Sharon	f	
<input type="checkbox"/>	Asst. Coach	Guinan	Lindsay	f	
<input type="checkbox"/>	Asst. Coach	Hone Best	Jen	f	
<input type="checkbox"/>	Manager				
<input type="checkbox"/>	Trainer	Lozinski	Cindy	f	

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

### TEAM REGISTRATION FORM



Local Association: Regina Ringette			Team Name: REGINA SYNERGY			
<b>Level</b> <input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B		<b>Age Group - Please check one</b> <input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input checked="" type="checkbox"/> U16 <input type="checkbox"/> U19  <input type="checkbox"/> 18+ <input type="checkbox"/> 30+			<b>Home Color:</b> <b>Green</b>	<b>Away Color:</b> <b>White</b>

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate
					Y
1	6	Agecoutay	Mariah	f	96
2	7	Borsa	Rebecca	f	97
3	12	Budzich	Chelsea	f	96
4	16	Burkowski	Dakota	f	96
5	3	Chekay	Kristen	f	97
6	5	Dougherty	Tessa	f	97
7	18	Drimmie	Zoey	f	97
8	26	Ferner	Danika	f	96
9	9	Flaman	Jessica	f	97
10	1	Fraser	Jaymie	f	97
11	11	Galenzoski	Cheyenne	f	97
12	10	Gamracy	Taylor	f	96
13	2	Halvorsen	Morgan	f	97
14	15	Pilkey	Caitlyn	f	97
15	13	Romanski	Hannah	f	96
16					
17					
18					

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input checked="" type="checkbox"/>	Coach	Todorovich	Harley	F	
<input checked="" type="checkbox"/>	Asst.Coach	Karchewski	Megan	F	
<input checked="" type="checkbox"/>	Asst. Coach	Flaman	Shauna	F	
<input checked="" type="checkbox"/>	Asst. Coach	Galenzoski	Derek	M	
<input checked="" type="checkbox"/>	Manager	Chekay	Kevin	M	
<input type="checkbox"/>	Trainer				

## TEAM REGISTRATION FORM



<b>Local Association:</b>			<b>Team Name: Riot</b>		
<b>Level</b>		<b>Age Group - Please check one</b>			<b>Home Color:</b> green
<input type="checkbox"/> AA	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> U9	<input type="checkbox"/> U10	<input type="checkbox"/> U12
			<input type="checkbox"/> U14	<input checked="" type="checkbox"/> U16	<input type="checkbox"/> U19
			<input type="checkbox"/> 18+	<input type="checkbox"/> 30+	
					<b>Away Color:</b> white

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1	8	Bote	Samantha	f	97	
2	24	Boyer	Larissa	f	97	
3	20	Daverne	Lauren	f	96	
4	18	Deis	Taylor	f	96	
5	5	Friess	Taylor	f	97	
6	12	Klein	Robyn	f	97	
7	13	Laplante	Alexis	f	96	
8	19	Schmidt	Katelyn	f	97	
9	16	Shiels	Claudia	f	97	
10	17	Skiehar	Shaeden	f	97	
11	15	Smith	Jocelyn	f	96	
12	6	Tian	Maisyn	f	97	
13	23	Vance	Sarah	f	97	
14	25	Vester	Jaya	f	97	
15						
16						
17						
18						

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Bote	Joe	m	
<input type="checkbox"/>	Asst.Coach	Shiels	Lorne	m	
<input type="checkbox"/>	Asst. Coach	Skiehar	Tammy	f	
<input type="checkbox"/>	Asst. Coach	Shiels	Michelle	f	
<input type="checkbox"/>	Manager	Vance	Connie	f	
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



<b>Local Association:</b>		<b>Team Name:</b> AMPED	
<b>Level</b>	<b>Age Group - Please check one</b>		<b>Home Color:</b> green
<input type="checkbox"/> AA <input checked="" type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input checked="" type="checkbox"/> U16 <input type="checkbox"/> U19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+		
			<b>Away Color:</b> white

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
				Y	
4	Appel	Kendyl	f	97	
3	Buhler	Rebecca	f	97	
12	Cale	Tayla	f	97	
2	Strachan	Hayley	f	97	
19	Arndt	Clover	f	97	
1	Fogarty	Kaitlyn	f	97	
10	Muller	Surine	f	97	
5	Bruce	Kathleen	f	96	
14	Haubrich	Taylor	f	96	
9	Petrovitch	Stephanie	f	96	
16	Sahulka	Courtney	f	96	
17	Schaeffer	Brooke	f	96	
13	Troesch	Emily	f	96	
14					
16					
17					

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Troesch	Jason	m	
<input type="checkbox"/>	Asst.Coach	Giles	Nicole	f	
<input type="checkbox"/>	Asst. Coach	Herring	Kerrie	f	
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Manager	Troesch	Gaylene	f	
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



Local Association:			Team Name: <b>Stingers</b>			
Level		Age Group - Please check one			Home Color:	
<input checked="" type="checkbox"/> AA	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input checked="" type="checkbox"/> U16 <input type="checkbox"/> U19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+			Black
					Away Color:	Blue

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1	9	Davidson-Zaphe	Brianna	f	97	
2	1	Greiner	Taylor	f	96	
3	72	Hawkins	Courtney	f	96	
4	7	Hawman	Joelle	f	96	
5	18	Greiner	Ashley	f	98	
6	4	Kotylak	Kaytlyn	f	96	
7	15	Lowes	Mallory	f	96	
8	2	Merritt	Sydney	f	96	
9	8	Nimegeers	Jesse	f	96	
10	10	Ostryzniuk	Anya	f	96	
11	51	Rodgers	Nicole	f	97	
12	5	Rotariu	Jessica	f	96	
13	17	Schaffer	Paige	f	96	
14	3	Weinmeister	Jensen	f	96	
15						
16						
17						
18						

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Merritt	Jeff	m	
<input type="checkbox"/>	Asst.Coach	Merritt	Allysha	F	
<input type="checkbox"/>	Asst. Coach	Buchan	Cheryl	F	
<input type="checkbox"/>	Asst. Coach	Coxford	Kyla	F	
<input type="checkbox"/>	Manager	Koytylak	Laurie	F	
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



<b>Local Association:</b>			<b>Team Name: Bandits</b>		
<b>Level</b>		<b>Age Group - Please check one</b>			<b>Home Color: Green</b>
<input checked="" type="checkbox"/> AA	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> U9	<input type="checkbox"/> U10	<input type="checkbox"/> U12
			<input type="checkbox"/> U14	<input type="checkbox"/> U16	<input checked="" type="checkbox"/> U19
			<input type="checkbox"/> 18+	<input type="checkbox"/> 30+	
					<b>Away Color: White</b>

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
				Y	
1	Arsenault	Emily	f	95	
2	Cassano	Alix	f	95	
3	Chekay	Danielle	f	95	
4	Cowan	Randi	f	95	
5	Dickin	Jessica	f	95	
6	Johnson	Melissa	f	95	
7	Kubik	Ashley	f	95	
8	Langford	Kaitlyn	f	95	
9	Livingstone	Carrie	f	95	
10	McMillan	Teagan	f	95	
11	Peakman	Jaceil	f	94	
12	Prystupa	Shealynn	f	95	
	Savage	Jayd	f	95	
14	Tiefenbach	Kelsey	f	94	
15	Treslan	Abbie	f	95	
16	Windl	Michaela	f	95	
17	Zeiler	Natasha	f	95	
18	Johnson	Breanne	f	93	AP

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Liebrecht	Darrell	m	
<input type="checkbox"/>	Asst.Coach	Peakman	Ken	m	
<input type="checkbox"/>	Asst. Coach	Treslan	Todd	m	
<input type="checkbox"/>	Asst. Coach	Wolbaum	Megan	f	
<input type="checkbox"/>	Manager	Savage	Jackie	f	
<input type="checkbox"/>	Trainer				

Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



Local Association:			Team Name: RIPT			
<b>Level</b> <input type="checkbox"/> AA <input checked="" type="checkbox"/> A <input type="checkbox"/> B		<b>Age Group - Please check one</b> <input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input checked="" type="checkbox"/> U19  <input type="checkbox"/> 18+ <input type="checkbox"/> 30+			<b>Home Color:</b> Green	<b>Green</b>
<b>Away Color:</b> white					<b>white</b>	

1	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate
	Y				
1	17	Aebig	Stephanie	f	93
2	19	Beaurivage	Candina	f	94
3	15	Bote	Kaitlyn	f	94
4	4	Cheeseman	Amanda	f	94
5	14	Clement	Amanda	f	94
6	7	Earis	Jessica	f	95
7	9	Grad	Meghan	f	94
8	12	Hicks	Alyssa	f	94
9	5	Juba	Maria	f	94
10	3	Tochor	Katherine	f	93
11	11	Tremblay	Manon	f	93
12	16	Wendel	Rikki	f	94
13	1	Wharton	Cheyenne	f	93
14	18	Williams	Kennedy	f	94
15					
16					
17					
18					

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input checked="" type="checkbox"/>	Coach	Aebig	Del	m	
<input type="checkbox"/>	Asst.Coach				
<input checked="" type="checkbox"/>	Asst. Coach	Pawelec	Breanne	f	
<input type="checkbox"/>	Asst. Coach				
<input checked="" type="checkbox"/>	Manager	Clement	Sue	f	
<input checked="" type="checkbox"/>	Trainer	Tremblay	Phil	m	

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

### TEAM REGISTRATION FORM



Local Association:		Team Name: <b>Outlaws</b>	
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B	Age Group - Please check one <input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input checked="" type="checkbox"/> U19  <input type="checkbox"/> 18+ <input type="checkbox"/> 30+		Away Color:  green  white

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1	16	Derr	Rachelle	f	95	
2	9	Ellis	Jessica	f	95	
3	20	Hiebert	Shauna	f	94	
4	4	Mayrs	Amanda	f	94	
5	7	Moate	Taylre	f	94	
6	11	Sauer	Genevieve	f	95	
7	10	Schmidt	Chelsea	f	95	
8	17	Michel-Spencer	Shandra	f	95	
9	31	Winkler	Riki	f	95	
10	12	Zora	Brittany	f	94	
11	6	Zora	Haley	f	92	OVERAGE
12	2	Bru	Danielle	f	95	
13		Borsa	Katelyn	f	94	
14		Budzich	Jordyn	F	95	
15						
16						
17						
18						

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Stallberg	Don	m	
<input type="checkbox"/>	Asst.Coach	Derr	William	m	
<input type="checkbox"/>	Asst. Coach	Spencer	Nan	f	
<input type="checkbox"/>	Asst. Coach	Bru	Tracy	f	
<input type="checkbox"/>	Manager				
<input type="checkbox"/>	Trainer	Stallberg	Stacey	f	

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

### TEAM REGISTRATION FORM



<b>Local Association:</b>		<b>Team Name: Jetts</b>	
<b>Level</b>	<b>Age Group - Please check one</b>		<b>Home Color: Green</b>
<input type="checkbox"/> AA <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19 <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 30+		
			<b>Away Color: White</b>

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1						
2		Bryksa	Nicole	f	83	
3		Ebel	Stephanie	f	81	
4		Johnston	Andrea	f	75	
5		Johnston	Kelly	f	87	
6		Jones	Tanya	f	72	
7		Knoll	Alison	f	85	
8		O'Byrne	Gillian	f	86	
9		Pollock	Alison	f	81	
10		Schoenhofen	Donnell	f	75	
11		Seymour	Daina	f	82	
12		Dancey	Allison	f	83	
13		Sentes	Jolene	f	80	
14		Murdoch	Mandy	f	86	
15						
16						
17						
18						

	List max. of 5	Surname	Given Name	M/F	Certification *
<input checked="" type="checkbox"/>	Coach				
<input checked="" type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Manager				
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

**TEAM REGISTRATION FORM**



<b>Local Association:</b>		<b>Team Name: Blackouts</b>	
<b>Level</b>		<b>Age Group - Please check one</b>	
<input type="checkbox"/> AA <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		<input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19 <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 30+	
		<b>Home Color:</b>	<b>Green</b>
		<b>Away Color:</b>	<b>White</b>

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1		Agar	Carmen	f	92	
2		Dacey	Amanda	f	92	
3		Fahlman	Jennifer	f	88	
4		Golosky	Lauren	f	92	
5		Greter	Erica	f	92	
6						
7		Hutchinson	Stephanie	f	92	
8		Karchewski	Kailee	f	91	
9		Karchewski	Megan	f	89	
10		Kelly	Courtney	f	93	
11		McEachern	Alysha	f	92	
12		Nelson	Cailee	f	92	
13		Todorovich	Harley	f	92	
14		Zimmer	Stephanie	f	93	
15						
16						
17						
18						

	List max. of 5	Surname	Given Name	M/F	Certification *
<input checked="" type="checkbox"/>	Coach	Garnier	Marcel	M	
<input checked="" type="checkbox"/>	Asst.Coach				
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Manager	Nelson	Brian	M	
<input type="checkbox"/>	Trainer				

Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



Local Association:			Team Name: <b>Diggers</b>			
<b>Level</b>	<b>Age Group - Please check one</b>			Home Color:	<b>Green</b>	
<input type="checkbox"/> AA <input checked="" type="checkbox"/> A <input type="checkbox"/> B  <input type="checkbox"/> C	<input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19  <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 30+			Away Color:	<b>White</b>	

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate Y
	Bray	Sami	f	87
	Bray	Teisha	f	90
	Frank	Allison	f	83
	Hain	Laken	f	87
	Kimmie	Sarah	f	87
	MacNeil	Krista	f	88
	MacNeil	Karli	f	89
	Olson	Mia	f	88
	Robertson	R. Brooke	f	78
	Mohr (Taylor)	Kindra	f	85
	Troesch	Heather	f	91
	Wasnik	Kristie	f	87
	Wilson	Heather	f	88
	Wright	Krista	f	83
	Yalowega	Shay	f	87
	Taylor	Kayla	f	87
17				
18				

	List max. of 5	Surname	Given Name	M/F	Certification *
<input checked="" type="checkbox"/>	Coach				
<input checked="" type="checkbox"/>	Asst.Coach				
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Manager				
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

**TEAM REGISTRATION FORM**



Association: \_\_\_\_\_ Team Name: **Rush**

<b>Level</b>	<b>Age Group - Please check one</b>	<b>Home Color:</b>	<b>Green</b>
<input type="checkbox"/> AA <input checked="" type="checkbox"/> A	<input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19		
<input type="checkbox"/> C	<input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 30+	<b>Away Color:</b>	<b>White</b>

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
				Y	
1	Cowan	Stephanie (Mac)	f	87	
2	Giles	Nicole	f	90	
3	Herring	Kerrilee	f	90	
4	Hiebert	Gillian	f	91	
5	Jestadt	Toni	f	84	
6	Merritt	Allysha	f	88	
7	Pawelec	Breanne	f	91	
8	Pekrul	Deanna	f	81	
9	Pieracci	Danielle	f	87	
10	Sebastian	Shauna	f	82	
11	Silbernagel	Trisha	f	82	
12	Truelove	Alison	f	88	
13	Walbaum	Megan	f	90	
14	Wandler	Shana	f	85	
15	Wolfe	Alyssa	f	89	
16	Coxford	Chelsie	f	88	
17					
18					

	List max. of	Surname	Given Name	M/F	Certification *
<input checked="" type="checkbox"/>	Coach				
<input checked="" type="checkbox"/>	Asst.Coach				
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Manager				
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if appl

### TEAM REGISTRATION FORM



<b>Local Association:</b>			<b>Team Name: Shooters</b>		
<b>Level</b>		<b>Age Group - Please check one</b>			<b>Home Color: Dark Blue</b>
<input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C		<input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19 <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 30+			<b>Away Color: White</b>

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
				Y	M
1	Green	Shelley	f	79	
2	Hicke	Karen	f	74	
3	Hrynuik	Tanya	f	75	
4	Kelly	Julie	f	81	
5	King	Krista	f	80	
6	Leach	Candace	f	81	
7	Malakoff	Michelle	f	79	
8	McCormick	Laura	f	75	
9	Mooney	Shea	f	81	
10	Mushumanski	Amanda	f	79	
11	Regent	Talon	m	91	
12	Stephanson	Ardith	f	67	
13					
14	Zimmerman	Lisa	f	77	
15	Deminchuk	Kimberley	f	88	
16					
17					
18					

	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	McCormick	Laura	f	
<input checked="" type="checkbox"/>	Asst. Coach	Mayer	Benji	m	
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Manager				
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



Local Association:			Team Name: <b>Blitz</b>			
<b>Level</b> <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B  <input checked="" type="checkbox"/> C		<b>Age Group - Please check one</b> <input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19  <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 30+			<b>Home Color:</b> Green	<b>Away Color:</b> White

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
				Y	M
1	Andrews	Dawn	F	69	
2	Lackie	Caitlin	F	89	
3	Cheeseman	Audrey	F	88	
4	Clark	Dean	M	68	
5	Cursons	Sara	F	81	
6	Doehl	Christine	F	89	
7	Knudsen	Cindy	F	71	
8	Kujawa	Pamela	F	61	
9	Lemoine	Julie	F	71	
10	Ostryzniuk	Linda	F	68	
11	Rein	Rhonda	F	68	
12	Robertson	Cheryl	F	74	
13	Hanofski	Cindy	F	69	
14	Scott	Carmen	F	68	
15	Coleman	Shannon	F	63	
16	Weston	Andrea	F	64	
17					
18					

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach				
<input checked="" type="checkbox"/>	Coach				
<input type="checkbox"/>	Asst. Coach				
<input type="checkbox"/>	Asst. Coach				
<input checked="" type="checkbox"/>	Manager	Cheeseman	Terri	F	
<input type="checkbox"/>	Trainer				

Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)



### TEAM REGISTRATION FORM

<b>Local Association:</b>			<b>Team Name: Misfits</b>		
<b>Level</b>		<b>Age Group - Please check one</b>			<b>Home Color:</b>
<input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C		<input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19 <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 30+			<b>Blue/whie</b>
<b>Away Color:</b>					

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		
				Y		
1	Arndt	Becky	f	76		
2	Dimen	Leah	f	93		
3	Dimen	Stephanie	f	90		
4	Hinks	Jennifer	f	87		
5	Hubrich	Deanna	f	73		
6	Kathol	Erin	f	91		
7	Kathol	Lorna	f	62		
8	Kraine	Tara	f	80		
9	Lane	Brooklyn	f	94		UNDERAGE
10	Lechner-Rumpel	Shawna	f	73		
11	Mann	Janessa	f	91		
12	Matchett	Niki	f	88		
13	McFie	Kayla	f	92		
14	Renner Scott	Faye	f	71		
15	Romanski	Jessica	f	93		
16	Tiefenbach	Carey	f	73		
17	Watch	Jessie	f	89		
18	Watch	Ruth	f	68		

TEAM STAFF					
	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Watch	Daryl	m	
<input type="checkbox"/>	Asst.Coach	Dimen	Brad	m	
<input type="checkbox"/>	Asst. Coach	Lane	Brian	m	
<input type="checkbox"/>	Asst. Coach	Romanski	Mike	m	
<input type="checkbox"/>	Manager				
<input type="checkbox"/>	Trainer				

\*Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)

## TEAM REGISTRATION FORM



<b>Local Association:</b>			<b>Team Name: Rage</b>		
<b>Level</b>		<b>Age Group - Please check one</b>			<b>Home Color: Green</b>
<input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C		<input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U19 <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 30+			
					<b>Away Color: White</b>

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	
					Y	
1		Agar	Kelley	f	89	
2		Cameron	Sharon	f		
3		Donauer	Amanda	f	84	
4		Folk	Stephanie	f	91	
5		Godin	Baillie	f	91	
6		Guinan	Lindsay	f	85	
8		Hone	Joshua	m	92	
9		Johnston	Shanda	f	81	
10		Liggins	Shelby	f	93	
11		Novak	Leah	f	90	
12		Ross	Jaclyn	f	85	
13		Sanders	Lindsay	f	83	
14		Semeniuk	Michayla(Shay)	f	91	
15		Standon	Nicki	f	90	
16		Surkan	Randi	f	85	
17		Surkan	Sarah	f	86	
18		Hill	Carrie	f	89	

	List max. of 5	Surname	Given Name	M/F	Certification *
<input type="checkbox"/>	Coach	Hone Best	Jennifer	f	
<input type="checkbox"/>	Asst.Coach	Cameron	Sharon	f	
<input type="checkbox"/>	Asst. Coach	Standon	Nicki	f	
<input type="checkbox"/>	Asst. Coach	Surkan	Sarah	f	
<input type="checkbox"/>	Manager				
<input type="checkbox"/>	Trainer				

Please include highest level of certification (Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable)