

TEAM REGISTRATION FORM



Local Association: Regina			Team Name: Regina Blaze				Primary Team Contact				
Level		Age Group - Please check one				Home Color:	Teal/Orange		Name:		
<input type="checkbox"/> AA	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> J9	<input type="checkbox"/> J10	<input type="checkbox"/> J12	<input type="checkbox"/> J14	<input type="checkbox"/> J16	<input type="checkbox"/> J19	Daytime Ph:		
<input type="checkbox"/> C		<input type="checkbox"/> 18+	<input type="checkbox"/> B0+		Away Color:	Teal/Orange					

	Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
									M	D	Y	
1	10	Seymour	Natalie	F							08	
2	8	Clarke	Kealy	F							07	
3	16	Clarke	Maddison	F							07	
4	3	Poissant	Renise	F							07	
5	7	Tremblay	Jacey	F							08	
6	13	Labbie	Brooke	F							08	
7	6	Parks	Brigette	F							08	
8	2	Wilker	Hannah	F							07	
9	14	Stinson	Dylan	F							07	
10	15	Rainville	Emilia	F							08	
11	9	Meban	Nicola	F							09	
12	12	Dumaine	Mia	F							08	
13		Poissant	Grace	F							8	
14												
15												
16												
17												
18												

TEAM STAFF										
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address
<input checked="" type="checkbox"/>	Coach	Seymour	Daina	F						
<input checked="" type="checkbox"/>	Asst.Coach	Kelly	Tomkinson	M						
<input checked="" type="checkbox"/>	Ass. Coach	Rainville	Cory	M						
<input checked="" type="checkbox"/>	Manager	Natasha	Wilker	F						
<input type="checkbox"/>										

*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		Team Name: Ice Monsters				Primary Team Contact						
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Age Group - Please check one <input checked="" type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+			Home Color:				Name:			
					Away Color:				Daytime Ph:			
Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address	
								M	D	Y		
1	0 Celin	Addyson	F							07		
2		Claude	Olivia	F						08		
3	0 Cullins	Elyse	F							07		
4		Fesyk	Emily	F						07		
5		Keck	Brianna	F						07		
6		LeBlanc	Nevaeh	F						07		
7	0 Merriman	Jenny	F							06		
8		Muhr	Samantha	F						08		
9		Mushumanski	Payten	F						07		
10		Orellana	Laila	F						08		
11		Thorson	Adria	F						08		
12		Thorson	Layla	F						08		
13												
14												
15												
16												
17												
18												
TEAM STAFF												
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address			
<input checked="" type="checkbox"/>	Coach	Muhr	Kelly	M								
<input checked="" type="checkbox"/>		Claude	Janelle	F								
<input checked="" type="checkbox"/>		Cullins	Craig									
<input checked="" type="checkbox"/>												
<input type="checkbox"/>	Trainer	Leblanc	Luc	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: Regina			Team Name: Orange Crushers				Primary Team Contact		
Level		Age Group - Please check one			Home Color:		Name:		
<input type="checkbox"/> AA	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> J9	<input type="checkbox"/> J10	<input type="checkbox"/> J12	<input type="checkbox"/> J14	<input type="checkbox"/> J16	<input type="checkbox"/> J19	
<input type="checkbox"/> C		<input type="checkbox"/> 18+	<input type="checkbox"/> B0+		Away Color:		Daytime Ph:		

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	13 Church	Gabrielle	F							9	
2	6 Church	Sophie	F							7	
3	9 Kessler-Holderness	Adalyn	F							9	
4	2 Kessler-Holderness	Ella	F							6	
5	8 McLeod	Phoenix	F							6	
6	4 Metheral	Lily	F							8	
7	12 Rubchuk	Brianna	F							7	
8	11 Schutz	Chanel	F							7	
9	5 Solie	Irelyn	F							6	
10	15 Taylor	Brooke	F							7	
11	10 Wensley	Amelia	F							7	
12	7 Wensley	Zoe	F							7	
13	14 Wilker	Falon	F							7	
14											
15											
16											
17											
18											

TEAM STAFF										
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address	
<input checked="" type="checkbox"/>	Coach	Wensley	Colin	M						
<input checked="" type="checkbox"/>	Asst Coach	Church	Jill	F						
<input checked="" type="checkbox"/>	Asst Coach	Metheral	Jarred	M						
<input checked="" type="checkbox"/>	Asst Coach/Man	Holderness	Darcy							
<input type="checkbox"/>										

*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			Team Name: Rocket Girls				Primary Team Contact		
Level		Age Group - Please check one			Home Color:		Name:		
<input type="checkbox"/> AA	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> J9	<input type="checkbox"/> J10	<input type="checkbox"/> J12	<input type="checkbox"/> J14	<input type="checkbox"/> J16	<input type="checkbox"/> J19	
<input type="checkbox"/> C		<input type="checkbox"/> 18+	<input type="checkbox"/> B0+		Away Color:		Daytime Ph:		

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate		
								M	D	Y
1	5 Britz	Ava	F							7
2	2 Clemett	London	F							8
3	3 Fisher	Mikaela	F							9
4	6 Fisher	Taleah	F							7
5	8 Johnston	Taylor	F							6
6	11 Lamy	Tahlia	F							6
7	13 McGinn	Livia	F							7
8	4 Meyers-Whitson	Annabelle	F							7
9	9 Muckelt-Landry	Kiera	F							7
10	12 Schofer	Teagan	F							7
11	7 Skolney	Sara	F							7
12	10 Van Apeldoorn	Jaspen	F							6
13										
14										
15										
16										
17										
18										

TEAM STAFF										
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address	
<input checked="" type="checkbox"/>	Coach	Clemett	Tara	F						
<input checked="" type="checkbox"/>	Coach	Muckelt	Melanie	F						
<input checked="" type="checkbox"/>	Coach	Skolney	Shawn	M						
<input checked="" type="checkbox"/>	Manager	Skolney	Ally	F						
<input checked="" type="checkbox"/>		Clemett	Chris							

*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			Team Name: Sharks				Primary Team Contact				
Level		Age Group - Please check one				Home Color:		Name:			
<input type="checkbox"/> AA	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> J9	<input type="checkbox"/> J10	<input type="checkbox"/> J12	<input type="checkbox"/> J14	<input type="checkbox"/> J16	<input type="checkbox"/> J19			
<input type="checkbox"/> C		<input type="checkbox"/> 18+	<input type="checkbox"/> 30+		Away Color:		Daytime Ph:				

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	0 Braniff	Moira	F							8	
2	0 Deis	Jordynn	F							7	
3	0 Heerspink	Ingrid	F							7	
4	Howe	Brooklyn	F							6	
5	Lindsay	Scarlett	F							8	
6	Maier	Owen	F							10	
7	Maier	Sadie	F							8	
8	McNeill	Kaitlyn	F							6	
9	Nazarchuk	Ruby	F							7	
10	Phaneuf	Ava-Lynn	F							8	
11	0 Secuur	Megan	F							7	
12	Walters	Zoey	F							7	
13	0 Banks	Ava	F							7	
14											
15											
16											
17											
18											

TEAM STAFF										
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address
<input checked="" type="checkbox"/>	Coach	Lindsay	Mike	M						
<input checked="" type="checkbox"/>		Heerspink	Brett							
<input checked="" type="checkbox"/>		Phaneuf	Tracy							
<input checked="" type="checkbox"/>		White	Kristy							
<input type="checkbox"/>										

*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			Team Name: Unicorns				Primary Team Contact		
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Age Group - Please check one <input checked="" type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+			Home Color:		Name:		
					Away Color:		Daytime Ph:		

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	Gartner	Keira	F							8	
2	0 Gettis	Kailey	F							6	
3	Gushue	Julia	F							7	
4	MacLeod	Kaylee	F							8	
5	massier	madison	F							6	
6	Powers	Claire	F							7	
7	Rhind	Tegen	F							8	
8	Sakundiak	Sara	F							8	
9	Schell	Jordan	F							7	
10	Sloboda	Emma	F							6	
11	Verhelst	Dylan	F							8	
12	0 Walker	Addy	F							7	
13	0 Walker	Avery	F							8	
14											
15											
16											
17											
18											

TEAM STAFF										
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address	
<input checked="" type="checkbox"/>	Asst Coach	Stettnet	Leanne	F						
<input checked="" type="checkbox"/>	Asst Coach	Walker	Shannon	F						
<input checked="" type="checkbox"/>	Asst Coach	Walker	Matt	M						
<input checked="" type="checkbox"/>	Coach	MacLeod	Carla	F						
<input checked="" type="checkbox"/>	Coach	Verhelst	Marshal	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: Regina				Team Name: Aces				Primary Team Contact				
Level		Age Group - Please check one				Home Color:		Name:				
<input type="checkbox"/> AA	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> J9 <input checked="" type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+				Away Color:		Daytime Ph:			
Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address	
								M	D	Y		
1	Ball	Danaka	F							6		
2	Decosmo-Nerbas	Giada	F							5		
3	0 Duck	Cassie	F							5		
4	0 Fisher	Avery	F							6		
5	McMartin	Jayce	F							6		
6	0 Moroz	McKinley	F							5		
7	Parks	Paige	F							6		
8	Russell	Shaylyn	F							6		
9	0 Seip	Hailey	F							5		
10	Shupe	Brianna	F							6		
11	Strykiwsky	McKenna	F							6		
12	Toogood	Grace	F							6		
13	Wenger	Ava	F							5		
14	Wright	Abby	F							6		
15												
16												
17												
18												
TEAM STAFF												
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address		
<input checked="" type="checkbox"/>	Coach	Parks	Shannon	F								
<input checked="" type="checkbox"/>	Asst.Coach	Fisher	Lisa	F								
<input type="checkbox"/>												
<input checked="" type="checkbox"/>	Manager	Russell	Wanda	F								
<input type="checkbox"/>												

*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				Team Name: Angels				Primary Team Contact				
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Age Group - Please check one <input type="checkbox"/> J9 <input checked="" type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+			Home Color:		Away Color:		Name:		Daytime Ph:	
Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address	
1	6 Benyei	Kaydence	F							6		
2	9 Farrow	Melia	F							6		
3	7 hodge	jacey	F							5		
4	4 Ingjaldson	Frances	F							5		
5	11 Johnson	Kyla	F							6		
6	8 Kehrig	Victoria	F							6		
7	5 Lang	Allery	F							5		
8	3 Lang	Janaya	F							7		
9	2 McCormick	Abigail	F							5		
10	15 Navid	Lisa	F							5		
11	16 Schwab	Brooklyn	F							5		
12	10 Watson	Amelia	F							5		
13	17 Young	Emma	F							5		
14												
15												
16												
17												
18												
TEAM STAFF												
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *			E-mail Address	
<input checked="" type="checkbox"/>	Asst Coach	Schwab	Angela	F								
<input checked="" type="checkbox"/>	Asst Coach	Young	Rob	M								
<input checked="" type="checkbox"/>	Coach	McCormick	Laura	F								
<input checked="" type="checkbox"/>	Manager	Ingjaldson	Marjorie	F								
<input type="checkbox"/>	Asst Coach	Snell	Angie	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		Team Name: Edge		Primary Team Contact	
Level <input type="checkbox"/> A <input checked="" type="checkbox"/> <input type="checkbox"/> B <input type="checkbox"/> C		Age Group - Please check one <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> 19 <input type="checkbox"/> 18+ <input type="checkbox"/> 19+		Home Color: _____	
		Away Color: _____		Name: _____	
				Daytime Ph: _____	

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	15 Carroll	Emerson	F							5	
2	7 Carter	Emerson	F							6	
3	4 DOKA	BROOKLYN	F							6	
4	8 Germain	Caitlyn	F							5	
5	9 Hollinger	Emerson	F							5	
6	6 Howe	Cadence	F							6	
7	3 Klyne	Hanna	F							6	
8	2 MacDonald	Julie	F							6	
9	5 POTTER	OLIVIA	F							5	
10	14 Stang	Georgia	F							6	
11	13 Therrien	Keira	F							4	OVERAGE
12	16 Therrien	Merceydes	F							6	
13	10 Tremblay	Janey	F							6	
14											
15											
16											
17											
18											

TEAM STAFF										
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address	
<input checked="" type="checkbox"/>	Asst Coach	Germain	Phil	M						
<input checked="" type="checkbox"/>	Asst Coach	Hollinger	Kent	M						
<input checked="" type="checkbox"/>	Coach	Carter	Crista	F						
<input checked="" type="checkbox"/>	Manager	Germain	Robyn	F						
<input type="checkbox"/>										

*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				Team Name: Ravens				Primary Team Contact				
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Age Group - Please check one <input type="checkbox"/> J9 <input checked="" type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+			Home Color:		Away Color:		Name:			
									Daytime Ph:			
Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address	
								M	D	Y		
1	Baade	Abigail	F							5		
2	Finch	Taylor	F							5		
3	0 JAWORSKI	TAYLOR	F							4	OVERAGE	
4	McBeth	Chloe	F							5		
5	0 O'Dow	Brooke	F							5		
6	Powers	Sarah	F							5		
7	0 Schoenhofen	Lauren	F							5		
8	Schulz	Bree	F							6		
9	Seidler	Kiera	F							5		
10	Seidler	Talia	F							5		
11	Verhelst	Devin	F							6		
12	0 Welsh	Kiarra	F							5		
13	Schwartz	Dorean	F							5		
14												
15												
16												
17												
18												
TEAM STAFF												
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *			E-mail Address	
<input type="checkbox"/>	Coach	Schoenhofen	Donnell	F								
<input type="checkbox"/>	Coach	Seidler	Aaron	M								
<input type="checkbox"/>	Coach	Welsh	Ian	M								
<input type="checkbox"/>	Coach	Schulz	Corey	M								
<input type="checkbox"/>	Manager	McBeth	Trisha	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				Team Name: Smashers				Primary Team Contact					
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Age Group - Please check one <input type="checkbox"/> J9 <input checked="" type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+				Home Color:		Away Color:		Name:		Daytime Ph:	
Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address		
1	12 Colhoun	Kayleigh	F							6			
2	6 Forrest	Julia	F							5			
3	7 Goebel	Jacey	F							5			
4	10 Hicks	Easton	F							5			
5	15 Huber	Shayla	F							6			
6	0 Lafoy	Anna	F							5			
7	14 Lascu	Melody	F							5			
8	13 Lieb	Makayla	F							6			
9	3 McMillan	Rylee	F							5			
10	16 Meston	Daylin	F							5			
11	9 Newman	Marika	F							6			
12	Szautner	McKinley	F							5			
13	11 Wiebe	Camryn	F							6			
14													
15													
16													
17													
18													
TEAM STAFF													
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address			
<input checked="" type="checkbox"/>	Coach	McMillan	Jayda	F					_____				
<input checked="" type="checkbox"/>	Assist	Meston	Sheri	F					_____				
<input checked="" type="checkbox"/>	Assist	Forrest	Ryan						_____				
<input checked="" type="checkbox"/>	Assist	Wiebe	Jocelyn	F					_____				
<input checked="" type="checkbox"/>									_____				

*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			Team Name: Attack				Primary Team Contact				
Level		Age Group - Please check one				Home Color:		Name:			
<input type="checkbox"/> AA	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> J9	<input type="checkbox"/> J10	<input checked="" type="checkbox"/> J12	<input type="checkbox"/> J14	<input type="checkbox"/> J16	<input type="checkbox"/> J19			
<input type="checkbox"/> C		<input type="checkbox"/> 18+	<input type="checkbox"/> B0+		Away Color:		Daytime Ph:				

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	0 Clemett	Brooklyn	F							4	
2	Donaldson	Hailey	F							3	
3	Gartner	Eva	F							4	
4	Gartner	Raina	F							4	
5	Haidl	Olivia	F							4	
6	Jackson	Lily	F							4	
7	Leier	Abby	F							4	
8	Lieb	Jenessa	F							3	
9	0 Robertson	Kayla	F							4	
10	0 Stronach	Ava	F							3	
11											
12	Wallis	Montanna	F							3	
13	Kachmarski	Kaleigh								4	
14											
15											
16											
17											
18											

TEAM STAFF										
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address	
<input checked="" type="checkbox"/>	Coach	Clemett	Tara	F						
<input checked="" type="checkbox"/>	Coach	Gartner	Trevor	M						
<input checked="" type="checkbox"/>	Coach	Jackson	Quinton	M						
<input checked="" type="checkbox"/>	Manager	Gartner	Rob	M						
<input checked="" type="checkbox"/>	Coach	Stronach	Lesley	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			Team Name: Frost				Primary Team Contact			
Level		Age Group - Please check one				Home Color:		Name:		
<input type="checkbox"/> AA	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> J9 <input type="checkbox"/> J10 <input checked="" type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19				Daytime Ph:			
<input type="checkbox"/> C		<input type="checkbox"/> 18+		<input type="checkbox"/> 30+		Away Color:				

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	14 Briere	Layna	F							3	
2	12 Briere	Skyler	F							4	
3	11 Butler	Sophia	F							4	
4	16 Eirich	Liberty	F							3	
5	8 Flett	Mia	F							3	
6	18 Gibney	Bella	F							4	
7	15 Goldstone	Cassidy	F							4	
8	9 Olson	Keeley	F							4	
9	1 Parisloff	Kianna	F							3	
10	19 Paul	Jasper	F							3	
11	13 Psenica	Caylee	F							3	
12	6 Walters	Cassie	F							4	
13											
14											
15											
16											
17											
18											

TEAM STAFF										
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address	
<input checked="" type="checkbox"/>	Asst Coach	Briere	Tasha	F						
<input checked="" type="checkbox"/>	Asst Coach	Psenica	Sherry	F						
<input checked="" type="checkbox"/>	Coach	Cheeseman	Amanda	F						
<input checked="" type="checkbox"/>		Parisloff	Sally	F						
<input type="checkbox"/>		Grad	Meghan	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			Team Name: Fusion			Primary Team Contact		
Level		Age Group - Please check one			Home Color:		Name:	
<input type="checkbox"/> AA <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		<input type="checkbox"/> J9 <input type="checkbox"/> J10 <input checked="" type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+					Shawna Stangel	
					Away Color:		Daytime Ph:	
							306-570-9614	

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	16 Babyak	Samantha	F							4	
2	5 Belmore	Sara	F							4	
3	14 Culling	Sydney	F							3	
4	13 Dumaine	Haley	F							3	
5	6 Hextall	Brooklyn	F							3	
6	10 Klewchuk	Kaylie	F							3	
7	1 Lockert	Megan	F							4	
8	8 Okerstrom	Camille	F							3	
9	4 Oswald	Jaydah	F							3	
10	15 Phaneuf	Dayle	F							3	
11	9 Schoenroth	Kirsten	F							3	
12	12 Stangel	Bailey	F							3	
13	7 Welsh	Trista	F							4	
14	11 Zaremba	Haley	F							3	
15											
16											
17											
18											

TEAM STAFF										
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address	
<input checked="" type="checkbox"/>	Asst Coach	Phaneuf	Tracy	Female						
<input checked="" type="checkbox"/>	Coach	Bird	Sheryl	Female						
<input checked="" type="checkbox"/>	Manager	Stangel	Shawna	Female						
<input checked="" type="checkbox"/>	Asst Coach	Klewchuk	Rob	M						
<input type="checkbox"/>										

*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			Team Name: Gators				Primary Team Contact				
Level		Age Group - Please check one				Home Color:		Name:			
<input type="checkbox"/> AA	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> J9	<input type="checkbox"/> J10	<input checked="" type="checkbox"/> J12	<input type="checkbox"/> J14	<input type="checkbox"/> J16	<input type="checkbox"/> J19			
<input type="checkbox"/> C		<input type="checkbox"/> 18+	<input type="checkbox"/> 30+		Away Color:		Daytime Ph:				

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	Bass	Jennessa	F							4	
2	Bryden	Jayda	F							4	
3	Bryden	Rylie	F							4	
4	Bryksa	Peyton	F							4	
5	0 Cullins	Jenna	F							4	
6	Hartnell	Anna	F							4	
7	0 Hills	Emma	F							4	
8	McLeod	Amy	F							4	
9	Palka	Kaylie	F							3	
10	0 Schutz	McKenna	F							4	
11	0 Sheard	Kia	F							3	
12	Sundbo	Natalia	F							4	
13											
14											
15											
16											
17											
18											

TEAM STAFF										
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address	
<input checked="" type="checkbox"/>	Asst Coach	McLeod	Michelle	F						
<input checked="" type="checkbox"/>	Asst Coach	Schutz	Travis	M						
<input checked="" type="checkbox"/>	Coach	Cullins	Craig	M						
<input checked="" type="checkbox"/>	Manager	Hills	Jodi	F						
<input checked="" type="checkbox"/>										

*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			Team Name: Nightmares				Primary Team Contact					
Level		Age Group - Please check one				Home Color:		Name:				
<input type="checkbox"/> AA	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> J9 <input type="checkbox"/> J10 <input checked="" type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19									
<input type="checkbox"/> C		<input type="checkbox"/> 18+		<input type="checkbox"/> 20+		Away Color:		Daytime Ph:				

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	Adam	Grace	F							4	
2	Brass	Janessa	F							4	
3	Brezinski	Abby	F							3	
4	Cote	Chande	F							3	
5	Lenz	Ally	F							3	
6	Liskowich	Kate	F							4	
7	Melnyk-Mckechnie	Akeilee	F							3	
8	Rubin	Brioni	F							3	
9	Schlosser	Brezlyn	F							3	
10	0 Tressel	Sydney	F							3	
11	Walter	Victoria	F							3	
12	0 Watson	Sarah	F							3	
13	Wiens	Georgia	F							4	
14											
15											
16											
17											
18											

TEAM STAFF										
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address
<input checked="" type="checkbox"/>	Coach	Budzik	Jordyn							
<input checked="" type="checkbox"/>	Coach	Dumaine	John	M						
<input checked="" type="checkbox"/>	Coach	Wiens	Mike	M						
<input checked="" type="checkbox"/>	Manager	Melnyk	Stacey	F						
<input type="checkbox"/>										

*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: Rampage				Primary Team Contact					
Level		Age Group - Please check one				Home Color:	Green		Name:				
<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	Away Color:	White		Daytime Ph:	
<input type="checkbox"/> C		<input type="checkbox"/> 18+	<input type="checkbox"/> 30+										

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address	
								M	D	Y		
1	15	Aquin	Haley	F							3	
2	6	Carani	Chiara	F							3	
3	14	Davidson	Taylor	F							3	
4	3	Flaman	Mattea	F							3	
5	9	Gee	Malia	F							3	
6	19	Henry	Dana	F							4	
7	5	Lindsay	Bailey	F							4	
8	18	McCaw	Kaitlynn	F							3	
9	17	Renner	Rianne	F							4	
10	11	Sellinger	Kira	F							4	
11	2	Stang	Madeline	F							3	
12	10	Walter	Alexa	F							4	
13												
14												
15												
16												
17												
18												

TEAM STAFF										
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address
<input type="checkbox"/>	Coach	Kuntz	Colin	M						
<input type="checkbox"/>	Asst. Coach	Flaman	Leanne	F						
<input type="checkbox"/>	Asst. Coach	Carani	Lorenzo	M						
<input type="checkbox"/>	Manager	Carani	Sue	F						
<input type="checkbox"/>		Correia	Allison							

*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				Team Name: The Force				Primary Team Contact							
Level		Age Group - Please check one				Home Color:		Name:							
<input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		<input type="checkbox"/> J9 <input type="checkbox"/> J10 <input checked="" type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+													
Uniform #		Player's Surname		Given Name		Sex M/F	Mailing Address		City or Town	Postal Code	Phone Number	Birthdate		E-mail Address	
												M D Y			
1	9	AbouChakra	Melodie	F										3	
2	16	Andersen	Kareena	F										3	
3	11	Clifford	Abby	F										3	
4	13	Cowan	Brenna	F										4	
5	12	HAGGLUND	REBEKAH	F										4	
6	2	Heerspink	Rhiannon	F										3	
7	7	Herom	Cameron	F										4	
8	10	Jickling	Mya	F										4	
9	8	Maurer	Ryan	F										3	
10	15	Nameth	Kyra	F										4	
11	19	Ruehs	Abigail	F										3	
12	3	vaskor	Emma	F										3	
13															
14															
15															
16															
17															
18															
TEAM STAFF															
List max. of 5															
Surname															
Given Name															
M/F															
Address															
City															
P/Code															
Phone															
Certification *															
E-mail Address															
<input checked="" type="checkbox"/>	Asst Coach	Herom	Kevin	M											
<input checked="" type="checkbox"/>	Asst Coach	Jickling	Jayne	F											
<input checked="" type="checkbox"/>	Coach	Cowan	Lee	M											
<input checked="" type="checkbox"/>	Manager	AbouChakra	Christie-Anne	F											
<input checked="" type="checkbox"/>	Trainer	Ruechs	Dyneena	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			Team Name: Aftershock				Primary Team Contact			
Level		Age Group - Please check one				Home Color:		Name:		
<input type="checkbox"/> AA	<input type="checkbox"/> A	<input 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				Daytime Ph:			
<input type="checkbox"/> C		<input type="checkbox"/> 18+		<input type="checkbox"/> 30+		Away Color:				

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	Agarand	Kaitlyn	F							1	
2	Allen	Asia	F							2	
3	Balaberda	Bailey	F							2	
4	0 Beauchesne	Alex	F							2	
5	Benko	Emma	F							2	
6	Degenstein	Sara	F							2	
7	Foord	Hannah	F							1	
8	0 Grandel	Naomi	F							2	
9	Hector	Eleanor	F							1	
10	Herrington	Madison	F							2	
11	Hunchak	Jaclynn	F							2	
12	Iannone	Ava	F							2	
13	Macknak	Jady	F							2	
14	Maier	Taylor	F							1	
15	Metheral	Hannah	F							2	
16											
17											
18											

TEAM STAFF										
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address
<input checked="" type="checkbox"/>	Coach	Weston	Andrea	F						
<input checked="" type="checkbox"/>	Assistant Coach	Foord	John	M						
<input checked="" type="checkbox"/>	Assistant Coach	Agarand	Angela	F						
<input checked="" type="checkbox"/>	Trainer	Scott	Carmen	F						
<input checked="" type="checkbox"/>	Manager	Degenstein	Darin	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: Regina			Team Name: Extreme				Primary Team Contact				
Level		Age Group - Please check one				Home Color:		Name:			
<input type="checkbox"/> AA	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> J9	<input type="checkbox"/> J10	<input type="checkbox"/> J12	<input checked="" type="checkbox"/> J14	<input type="checkbox"/> J16	<input type="checkbox"/> J19			
<input type="checkbox"/> C		<input type="checkbox"/> 18+	<input type="checkbox"/> 30+		Away Color:		Daytime Ph:				

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	Allen	Abby	F							2	
2	0 Bergen	Jae'lyn	F							1	
3	Bonar	Mirabel	F							2	
4	Carnegie	Jenna	F							1	
5	Carter	Holly	F							1	
6	Copeman	Jayden	F							2	
7	Currie	Oriana	F							1	
8	0 Faubert	Elan	F							1	
9	hodge	cailen	F							2	
10	MacLellan	Hannah	F							1	
11	0 Maletta	Jae-Lyn	F							1	
12	saranchuk	keeley	F							1	
13	Smith	Jessica	F							1	
14	Vien-mohr	Kiara	F							1	
15											
16											
17											
18											

TEAM STAFF										
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address
<input checked="" type="checkbox"/>	Coach	Mohr	Darren	M						
<input checked="" type="checkbox"/>	Coach	Mohr	Kindra	F						
<input checked="" type="checkbox"/>	Ass't Coach	Saranchuk	Trevor	M						
<input checked="" type="checkbox"/>	Ass't Coach	Bergen	Denita	F						
<input checked="" type="checkbox"/>	Manager	Carter	Lynn	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				Team Name: Inferno				Primary Team Contact			
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Age Group - Please check one <input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input checked="" type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+			Home Color:		Away Color:		Name:		
									Daytime Ph:		
Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	8 Andreasen	Halle	F							2	
2	2 Embury	Meghan	F							1	
3	9 Gienow	Alyx	F							2	
4	1 Joyce	Marissa	F							1	
5	13 Kehrig	Elysia	F							2	
6	16 Langford	Emily	F							1	
7	11 Leier	Lauren	F							2	
8	4 Liebel	Paige	F							2	
9	5 Maierhoffer	Julia	F							2	
10	3 Matz	Hannah	F							2	
11	12 Smith	Ariana	F							2	
12	19 Standish	Taylor	F							2	
13	14 Stang	Sophia	F							1	
14	10 Wiens	Dierdra	F							2	
15											
16											
17											
18											
TEAM STAFF											
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address	
<input checked="" type="checkbox"/>	Head Coach	Gienow	Jeff	M							
<input checked="" type="checkbox"/>	Asst. Coach	Standish	Braden	M							
<input checked="" type="checkbox"/>	Asst. Coach	Liebel	Laura	F							
<input checked="" type="checkbox"/>	Manager	Wiens	Karen	F							
<input type="checkbox"/>											

*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				Team Name: Rage				Primary Team Contact			
Level		Age Group - Please check one				Home Color: Green		Name:			
<input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C		<input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input checked="" type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+				Away Color: White		Daytime Ph:			
Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	11 Alexander	Erin	F							1	
2	12 Belmore	Jade	F							2	
3	4 Briere	Savana	F							2	
4	9 Gulash	Sarah	F							1	
5	2 Hamilton	Mattea	F							2	
6	7 Hollinger	Kennedy	F							2	
7	5 Kuhn	Lauren	F							2	
8	1 Laycock	Ashley	F							2	
9	15 MacLeod	Hannah	F							1	
10	17 MacLeod	Mackenzie	F							1	
11	3 Melnyk	Myah	F							2	
12	8 Sheard	Cieran	F							1	
13	14 Spasoff	Emily	F							1	
14	16 Stangel	Karley	F							1	
15	6 Wilk	Savanna	F							2	
16											
17											
18											
TEAM STAFF											
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *			E-mail Address
<input checked="" type="checkbox"/>	Coach	Belmore		Norma Jean							
<input checked="" type="checkbox"/>	Coach	Hollinger		Kent							
<input checked="" type="checkbox"/>	Coach	MacLeod		Carla							
<input checked="" type="checkbox"/>	Coach	Spasoff		Paul							
<input checked="" type="checkbox"/>	Manager	Laycock		Michelle							

*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			Team Name: Ringers				Primary Team Contact			
Level		Age Group - Please check one				Home Color:		Name:		
<input type="checkbox"/> AA <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		<input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input checked="" type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+								
						Away Color:		Daytime Ph:		

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	19 Bernhauser	Mackenzie	F							1	
2	7 Budzich	Emma	F							1	
3	1 Davis	Makenna	F							1	
4	9 Denomie	Ava	F							1	
5	16 Douglas	Celeste	F							1	
6	8 Englot	Megan	F							1	
7	10 Germain	Amy	F							1	
8	3 Howden	Alyssa	F							1	
9	5 Howden	Brianne	F							1	
10	15 Jones	Bryn	F							2	
11	4 Meger	Haley	F							1	
12	13 Palfy	Jordyn	F							1	
13	6 Pow	Carli	F							1	
14	14 Schaefer	Morgan	F							1	
15	17 Trembley	Kaitlyn	F							2	
16	12 Wilson	Peyton	F							1	
17											
18											

TEAM STAFF										
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address
<input checked="" type="checkbox"/>	Coach	Budzich	Chris	M						
<input checked="" type="checkbox"/>	Coach	Livingstone	Carrie	F						
<input checked="" type="checkbox"/>	Coach	McMillan	Teagan	F						
<input checked="" type="checkbox"/>		Jones	Tanya							
<input type="checkbox"/>										

*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				Team Name: Cyclones				Primary Team Contact				
Level		Age Group - Please check one				Home Color:		Name:		Daytime Ph:		
<input type="checkbox"/> AA	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> J9	<input type="checkbox"/> J10	<input type="checkbox"/> J12	<input type="checkbox"/> J14	<input checked="" type="checkbox"/> J16	<input type="checkbox"/> J19				
<input type="checkbox"/> C		<input type="checkbox"/> 18+	<input type="checkbox"/> 30+		Away Color:							
Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address	
								M	D	Y		
1	11 Aquin	J'Lynn	F							99		
2	7 Cameron Chacun	Ashton	F							99		
3	5 Dupuis	Christine	F							99		
4	8 Eberts	Mackenzie	F							00		
5	16 Gielis	Maggie	F							00		
6	6 Gimas	Rachel	F							99		
7	9 Grad-Armdt	Ella	F							99		
8	2 Gray	Delaney	F							99		
9	10 Kaytor	Camille	F							00		
10	12 Nagy	Jessica	F							99		
11	4 Rae	Katrina	F							99		
12	3 Schaffer	Rae-Lynn	F							99		
13	1 Snider	Melissa	F							99		
14	17 Sulymka	Sydney	F							99		
15	15 Weimer	Haylee	F							0		
16	13 Wicijowski	Kasia	F							0		
17												
18												
TEAM STAFF												
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *			E-mail Address	
<input checked="" type="checkbox"/>	Coach	Cameron	Sharon	F				_____				
<input checked="" type="checkbox"/>	Coach	Nagy	Ken	M				_____				
<input checked="" type="checkbox"/>	Coach	Way	Larry	M				_____				
<input checked="" type="checkbox"/>	Manager	Gimas	Loretta	F				_____				
<input type="checkbox"/>	Trainer	Hill	Carrie	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				Team Name: Inferno				Primary Team Contact				
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C		Age Group - Please check one <input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input checked="" type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 20+			Home Color:				Name:			
Away Color:				Daytime Ph:				Birthdate				
Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	M	D	Y	E-mail Address	
1	6 Ash	Morgan	F							99		
2	18 Beals	Breanna	F							99		
3	4 Caswell	Olivia	F							99		
4	3 Claude	Emily	F							00		
5	12 Day	Casey	F							99		
6	15 Hack	Shelby	F							99		
7	1 Hall	Addison	F							00		
8	5 Hawkins	Grace	F							00		
9	14 Kratz	Melayna	F							99		
10	19 Larsen	Riley	F							00		
11	2 Marcil	Kora	F							00		
12	7 McCrystal	Camryn	F							00		
13	17 Singer	Aspen	F							99		
14	9 Smith	Sydney	F							99		
15	16 Wesdyk	Kaylie	F							99		
16	10 Wilk	Shantel	F							0		
17	13 Winkler	Sydnee	F							99		
18	11 Zado	Ashley	F							0		
TEAM STAFF												
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address		
<input checked="" type="checkbox"/>	Coach	Claude	Janell	F								
<input checked="" type="checkbox"/>	Coach	Larsen	Hans	M								
<input checked="" type="checkbox"/>	Manager	Beals	Teri	F								
<input checked="" type="checkbox"/>		Galenzoski	Derek									
<input type="checkbox"/>		Rae	Kassidey									

*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			Team Name: Revolution				Primary Team Contact		
Level		Age Group - Please check one			Home Color:	Green		Name:	
<input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C		<input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input checked="" type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 20+			Away Color:	White		Daytime Ph:	

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	10 Bokitch	Cameron	F							99	
2	6 Bushell	Sierra	F							99	
3	2 Degenstein	Elizabeth	F							99	
4	4 Donald	Camryn	F							99	
5	9 Donald	Melissa	F							99	
6	18 Johnson	Jasmine	F							00	
7	8 Klewchuk	Kelsey	F							00	
8	11 Moore	Mackenzie	F							00	
9	5 Palmer	Victoria	F							99	
10	7 Pickering	Laura	F							00	
11	14 Ridgway	Amelia	F							99	
12	1 Sandercock	Ashley	F							99	
13	15 Shaw	Melissa	F							0	
14	16 Shiels	Rachel	F							0	
15	3 Strachan	Taylor	F							99	
16	17 Verhelst	Taylor	F							0	
17	13 Weeks	Katie	F							99	
18											

TEAM STAFF										
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address	
<input checked="" type="checkbox"/>	Coach	Donald	Scott	M						
<input checked="" type="checkbox"/>	Assistant Coach	Johnson	Sherri	F						
<input checked="" type="checkbox"/>	Assistant Coach	Tymiak	Phillis	F						
<input checked="" type="checkbox"/>	Assistant Coach	Weeks	Dwain	M						
<input type="checkbox"/>	Assistant Coach	Ridgway	Laurianne	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			Team Name: Stingers				Primary Team Contact					
Level		Age Group - Please check one				Home Color:		Name:		Kim Markwart		
<input checked="" type="checkbox"/> AA	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> J9	<input type="checkbox"/> J10	<input type="checkbox"/> J12	<input type="checkbox"/> J14	<input checked="" type="checkbox"/> J16	<input type="checkbox"/> J19	Daytime Ph:		306-539-4246	
<input type="checkbox"/> C			<input type="checkbox"/> 18+		<input type="checkbox"/> 30+		Away Color:					

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	Buhler	Stephanie	F							99	
2	0 Butz	Alexa	F							0	
3	Cale	Jaycee	F							0	
4	Corney	Hannah	F							0	
5	0 Heerspink	Danica	F							0	
6	0 Hess	Briana	F							99	
7	Kosteniuk	Sarah	F							0	
8	Markwart	Anna	F							0	
9	Masney	Journey	F							0	
10	Moore	Haylee	F							99	
11	Pilkey	Meghan	F							99	
12	Skaar	Samantha	F							00	
13	0 Yang	Chandria	F							99	
14	Yeager	Danielle	F							0	
15											
16											
17											
18											

TEAM STAFF										
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address	
<input checked="" type="checkbox"/>	Asst Coach	Coxford	Kyla	F						
<input checked="" type="checkbox"/>	Asst Coach	Markwart	Kelly	M						
<input checked="" type="checkbox"/>	Asst Coach	Purdue	Scott	M						
<input checked="" type="checkbox"/>	Coach	Purdue	Colleen	F						
<input checked="" type="checkbox"/>	Manager	Markwart	Kim	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			Team Name: Synergy				Primary Team Contact		
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C		Age Group - Please check one <input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input checked="" type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 20+			Home Color:		Name:		
		Away Color:					Daytime Ph:		

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1											
2	Carmichael	Brooke	F							98	
3	Coutts	Cassidy	F							98	
4	0 Currie	Chelsea	F							98	
5	0 Deis	Daylynn	F							98	
6	0 Deis	Taylor	F							96	
7	Ellis	Jade	F							96	
8	0 Hills	Ciera	F							98	
9	0 Kotylak	Anita	F							98	
10	Pow	Janel	F							98	
11	0 Puffalt	Jaidyn	F							98	
12	0 Selinger	Natalie	F							98	
13	Sjoberg	Courtney	F							98	
14	Skiehar	Brodi	F							99	
15	Skiehar	Shaeden	F							97	
16	Thompson	Kendal	F							98	
17	Bote	Samantha	F							97	
18											

TEAM STAFF										
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address
<input checked="" type="checkbox"/>	Coach	Hills	Lyle	M						
<input checked="" type="checkbox"/>	Coach	Selinger	Gina	F						
<input checked="" type="checkbox"/>	Coach	Selinger	James	M						
<input checked="" type="checkbox"/>		Thompson	Kevin							
<input type="checkbox"/>		Skiehar	Tammy							

*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			Team Name: Rage				Primary Team Contact		
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C		Age Group - Please check one <input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input checked="" type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 20+			Home Color:		Name:		
		Away Color:					Daytime Ph:		

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	Agecoutay	Katlyn	F							98	
2	Appel	Kendyl	F							97	
3	0 Bass	Jazmine	F							98	
4	BORSA	Rebecca	F							97	
5	0 Buhler	Rebecca	F							97	
6	Drimmie	zoey	F							97	
7	Flaman	Jessica	F							97	
8	Halvorsen	Morgan	F							97	
9	0 Hammett	Miranda	F							98	
10	0 Houk	Aubrie	F							98	
11	0 Keller	Hayley	F							98	
12	0 Keller	Jennifer	F							98	
13	0 Maierhoffer	Jenna	F							98	
14	0 McNeill	Brittney	F							98	
15	Muhr	Emily	F							98	
16	Pilkey	Caitlyn	F							97	
17	0 Schmidt	Katelyn	F							97	
18	0 Strachan	Hayley	F							97	

TEAM STAFF										
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address
<input checked="" type="checkbox"/>	Coach	Flaman	Mike	M						
<input checked="" type="checkbox"/>	Manager	Houk	Rod	M						
<input checked="" type="checkbox"/>	Coach	Giles	Nicole	F						
<input checked="" type="checkbox"/>	Coach	Borsa	John	M						
<input checked="" type="checkbox"/>	Coach	Flaman	Shawna	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			Team Name: RIPT				Primary Team Contact				
Level		Age Group - Please check one				Home Color:		Name:		Darlia Cale	
<input type="checkbox"/> AA <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		<input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input checked="" type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+						Daytime Ph:		306-761-5306	

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	6 Andreasen	Hannah	F							98	
2	16 Arndt	Clover	F							97	
3	7 Baker	Carly	F							98	
4	1 Burchi	Mikayla	F							00	
5	4 Cale	TAYLA	F							97	
6	3 chekay	kristen	F							97	
7	12 Embury	Natalie	F							98	
8	9 Flaman	Michaela	F							98	
9	10 Flett	Janelle	F							98	
10	11 Galenzoski	Cheyenne	F							97	
11	2 Klein	Robyn	F							97	
12	17 Lozinski	Melissa	F							98	
13	5 Rooney	Lauren	F							98	
14	8 Rotariu	Ashley	F							98	
15	15 Sahulka	Ashley	F							98	
16	14 Turgeon	Katy	F							97	
17											
18											

TEAM STAFF										
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address	
<input checked="" type="checkbox"/>	Asst Coach	Agar	Carmen	F						
<input checked="" type="checkbox"/>	Asst Coach	McEachern	Alysha	F						
<input checked="" type="checkbox"/>	Asst Coach	Treslan	Abbie	F						
<input checked="" type="checkbox"/>	Asst Coach	Wolfe	Alyssa	F						
<input checked="" type="checkbox"/>	Coach	Garnier	Marcel	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: Regina Ringette Associa		Team Name: Regina Bandits U19AA				Primary Team Contact			
Level <input checked="" type="checkbox"/> AA <input type="checkbox"/> A		Age Group - Please check one <input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input checked="" type="checkbox"/> J18				Home Color: Blue		Name:	
<input type="checkbox"/> C		<input type="checkbox"/> 18+ <input type="checkbox"/> 20+				Away Color: White		Daytime Ph:	

	Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
									M	D	Y	
1	1	Greiner	Taylor	F							1996	
2	2	Merritt	Sydney	F							1996	
3	3	Weinmeister	Jensen	F							1996	
4	4	Kotylak	Kaytlyn	F							1996	
5	5	Rodgers	Nicole	F							1997	
6	6	Knudsen	Sarah	F							1997	
7	7	Hawman	Brittany	F							1998	
8	8	Nimegeers	Jesse	F							1996	
9	9	Davidson	Brieanna	F							1997	
10	10	Ostryzniuk	Anya	F							1996	
11	15	Lowes	Mallory	F							1996	
12	16	Weimer	Jade	F							1998	
13	18	Greiner	Ashley	F							1998	
14		McDonald	Macie	F							1998	
15												
16												
17												
18												

TEAM STAFF										
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address
<input type="checkbox"/>	Coach	Nimegeers	Barron	M						
<input type="checkbox"/>	Coach	Liebrecht	Darrell	M						
<input type="checkbox"/>	Asst. Coach	Merritt	Jeff	M						
<input type="checkbox"/>	Asst. Coach	Knudsen	Rachel	F						
<input type="checkbox"/>	Asst. Coach	Greiner	Scott	M						



TEAM REGISTRATION FORM

Local Association: Regina			Team Name: Blackouts				Primary Team Contact				
Level <input type="checkbox"/> AA <input checked="" type="checkbox"/> A <input type="checkbox"/> B		Age Group - Please check one <input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19				Home Color:		Name:			
<input type="checkbox"/> C		<input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 30+				Away Color:		Daytime Ph:			

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	Coxford	Kyla	F							91	
2	Dacey(Zawalski)	Amanda	F							92	
3	DeDekker	Madison	F							93	
4	Karchewski	Kailee	F							91	
5	Karchewski	Megan	F							89	
6	Kelly	Courtney	F							93	
7	0 McEachen	Alysha	F							72	
8	Mohr	Kindra	F							85	
9	Nelson	Cailee	F							92	
10	Seitz	Alicia	F							91	
11	Sentes	Jolene	F							80	
12	0 Truelove	Alison	F							88	
13											
14	Taylor	Karleigh	f							91	
15											
16											
17											
18											

TEAM STAFF										
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address	
<input checked="" type="checkbox"/>	Team Contact or McEachern	Alysha	F							
<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>										
<input type="checkbox"/>										

*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				Team Name: Half Cougars				Primary Team Contact								
Level <input type="checkbox"/> AA <input checked="" type="checkbox"/> A <input type="checkbox"/> B		Age Group - Please check one <input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 30+				Home Color:		Away Color:		Name: Randi Cowan						
Uniform #		Player's Surname		Given Name		Sex M/F	Mailing Address		City or Town	Postal Code	Phone Number		Birthdate M D Y		E-mail Address	
1		Beatch	Kirstie	F												
2		Bray	Teisha	F												
3		Cassano	Alix	F												
4		Cassano	Ashley	F												
5	0	Chekay	Danielle	F												
6		Cherkas	Laken	F												
7		Cowan	Randi	F												
8		cowan	stefanie	F												
9		Fornwald	Danielle	F												
10		Frecon	Katelyn	F												
11		Greter	Erica	F												
12	0	Hawkins	Courtney	F												
13		Kimmie	Sarah	F												
14		Wandler	Shana	F												
15		Wolfe	Alyssa	F												
16																
17																
18																
TEAM STAFF																
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address						
<input checked="" type="checkbox"/>	Team Contact of Cowan		Randi	F												
<input checked="" type="checkbox"/>																
<input checked="" type="checkbox"/>																
<input checked="" type="checkbox"/>																
<input type="checkbox"/>																

*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				Team Name: Jetts				Primary Team Contact				
Level <input type="checkbox"/> AA <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Age Group - Please check one <input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 20+			Home Color:				Name:			
Away Color:				Daytime Ph:				Birthdate				
Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	M	D	Y	E-mail Address	
1	Bawden	Jaime	F							84		
2	Boersch	Mandy	F							86		
3	Coxford	Chelsie	F							88		
4	Dancey	Allison	F							83		
5	Dickin	Jessica	F							95		
6	Ebel	Stephanie	F							81		
7	Halvorson	Alison	F							85		
8	O'Byrne	Gillian	F							86		
9	Pollock	Alison	F							81		
10	pulock	chantelle	F							96		
11	Savage	Jayd	F							95		
12	Schoenhofen	Donnell	F							75		
13	Seymour	Daina	F							82		
14	Treslan	Abbie	F							95		
15	Zeiler	Natasha	F							95		
16												
17												
18												
TEAM STAFF												
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *			E-mail Address	
<input checked="" type="checkbox"/>	Manager	Ebel	Steop	F								
<input checked="" type="checkbox"/>	Coach	Seymour	Daina	F								
<input checked="" type="checkbox"/>	Coach	Schoenhofen	Donnell	F								
<input checked="" type="checkbox"/>	Coach	Malakoff	Kari	F								
<input type="checkbox"/>												

*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				Team Name: Edge				Primary Team Contact				
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C		Age Group - Please check one <input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 20+			Home Color:				Name:			
					Away Color:				Daytime Ph:			
Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address	
								M	D	Y		
1	Aebig	Stephanie	F							93		
2	Aitcheson	Kate	F							90		
3	Bru	Danielle	F							95		
4	Brunet	Lauren	F							89		
5	Carnie	Kayla	F							92		
6	0 Cheeseman	Amanda	F							94		
7	0 Clement	Amanda	F							94		
8	0 Earis	Jessica	F							95		
9												
10	0 Grad	Meghan	F							94		
11	Hicks	Alyssa	F							94		
12	kezama	krystyna	F							92		
13	Pawelec	Breanne	F							91		
14	Tremblay	Manon	F							93		
15	Wharton	Cheyenne	F							93		
16	WILLIAMS	KENNEDY	F							94		
17												
18												
TEAM STAFF												
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address		
<input checked="" type="checkbox"/>	Team Contact of	Carnie	Kayla	F								
<input checked="" type="checkbox"/>												
<input checked="" type="checkbox"/>												
<input checked="" type="checkbox"/>												
<input type="checkbox"/>												

*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				Team Name: Riot				Primary Team Contact				
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C		Age Group - Please check one <input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 20+			Home Color:				Name:			
					Away Color:				Daytime Ph:			
Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address	
								M	D	Y		
1	8 Arsenault	Emily	F							95		
2	6 Block	Mandy	F							88		
3	9 Block	Stephanie	F							90		
4	19 Burdon	Melissa	F							89		
5	11 Hack	Kirsten	F							92		
6	14 Haubrich	Taylor	F							96		
7	3 Hess	Madisen	F							96		
8	15 Hurrell	Tegan	F							89		
9	16 Kindermann	Heather	F							88		
10	22 Kubik	Ashley	F							95		
11	2 MacNeil	Karli	F							89		
12	10 Rotariu	Jessica	F							96		
13	4 Ruecker	Samantha	F							96		
14	12 Schaeffer	Brooke	F							96		
15	13 Troesch	Emily	F							96		
16	1 Troesch	Heather	F							91		
17	Deminchuk	Kimberley	F							88		
18												
TEAM STAFF												
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address		
<input type="checkbox"/>	Team Contact of Troesch		Heather	F								
<input checked="" type="checkbox"/>												
<input checked="" type="checkbox"/>												
<input checked="" type="checkbox"/>												
<input type="checkbox"/>												

*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			Team Name: Ambush				Primary Team Contact			
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C		Age Group - Please check one <input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 20+			Home Color:		Name: Lindsay Kuppenbender		Daytime Ph:	
Away Color:		City or Town:		Postal Code:		Phone Number:		E-mail Address:		

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	Ash	Rachelle	F								
2	Cameron	Sharon	F							79	
3	Driedger	Marissa	F							91	
4	Hales	Ashley	F							84	
5	Hone	Joshua	M							92	
6	Hone Best	Jennifer	F							85	
7	Kuppenbender	Lindsay	F							85	
8	Langman	Amanda	F							84	
9	Matchett	Niki	F							88	
10	O'Byrne	Danielle	F							81	
11											
12	Schmidt	Chelsea	F							95	
13	Sebastian	Shauna	F							82	
14	Silbernagel	Trisha	F							82	
15	Wright	Jessica	F							82	
16											
17											
18											

TEAM STAFF										
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address
<input checked="" type="checkbox"/>		Team Contact o	Kuppenbender	Lindsay	F					
<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>										
<input type="checkbox"/>										

*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			Team Name: Blitz				Primary Team Contact		
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B		Age Group - Please check one <input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19			Home Color:		Name:		Sara Cursons
<input checked="" type="checkbox"/> C		<input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 20+			Away Color:		Daytime Ph:		

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	Bray	Dawn	F							69	
2	Carter	Christa	F								
3	0 Cheeseman	Audrey	F							88	
4	clark	dean	F							68	
5	Claude	Janelle	F							72	
6	Cursons	Sara	F							81	
7	Dauk	Amanda	F							82	
8	Delesoy	Amanda	F							81	
9	0 Johnston	Andie	F							75	
10	Jones	Tanya	F							72	
11	Knudsen	Cindy	F							71	
12	Kujawa	Pamela	F							61	
13	Ostryzniuk	Linda	F							68	
14	Partyka	Jamie	F							86	
15	Patrick	Alyssa	F							93	
16	Robertson	Cheryl	F							74	
17	Parks	Shannon	F							77	
18											

TEAM STAFF										
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address
<input checked="" type="checkbox"/>	Team Contact of	Cursons	Sara	F						
<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>										
<input type="checkbox"/>										

*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			Team Name: Misfits				Primary Team Contact		
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B		Age Group - Please check one <input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19			Home Color:		Name:		Darrel Watch
<input checked="" type="checkbox"/> C		<input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 20+			Away Color:		Daytime Ph:		

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	Arndt	Rebecca	F							76	
2	Coderre	Melissa	F							86	
3	Deren	Bre	F							84	
4	Hinks	Jennifer	F							87	
5	Kathol	Erin	F							91	
6	Kathol	Lorna	F							62	
7	Lechner-Rumpel	Shawna	F							73	
8	0 Lemoine	Julie	F							71	
9	McFie	Kayla	F							92	
10	0 RennerScott	Faye	F							71	
11	Romanski	Jessica	F							93	
12	Skolney	Avril	F							85	
13	Tiefenbach	Carey	F							73	
14	Watch	Jessie	F							89	
15	Watch	Ruth	F							68	
16	Bone	Kelsey	F							93	
17											
18											

TEAM STAFF										
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address
<input checked="" type="checkbox"/>	Team Contact	Watch	Darrel	M						
<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>										
<input type="checkbox"/>										

*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				Team Name: Pumas				Primary Team Contact					
Level		Age Group - Please check one				Home Color:		Name:					
<input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C		<input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 20+											
Uniform #		Player's Surname		Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate		E-mail Address	
										M	D	Y	
1		Agar	Kelley	F								89	
2	0	Dobson	Hannah	F								89	
3		Doehl	Christine	F								89	
4		Dolha	Courtney	F								87	
5		Kerster	Darian	F								89	
6		Liggins	Shelby	F								93	
7		Novak	Leah	F								90	
8		Riffel	Olivia	F								91	
9	0	Semeniuk	Michayla	F								91	
10		Standon	Nicki	F								90	
11		Surkan	Randi	F								85	
12													
13		Winkler	Riki	F								95	
14													
15													
16													
17													
18													
TEAM STAFF													
<input type="checkbox"/>	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address			
<input checked="" type="checkbox"/>	Team Contact of	Novak	Leah	F									
<input checked="" type="checkbox"/>	Team Contact of	Surkan	Randi	F									
<input checked="" type="checkbox"/>	Team Contact of	Surkan	Sara	F									
<input checked="" type="checkbox"/>													
<input type="checkbox"/>													

*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			Team Name: Raiders				Primary Team Contact		
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C		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 type="checkbox"/> U19 <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 30+			Home Color:		Name:		
					Away Color:		Daytime Ph:		

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	Aquart	Maia	F							85	
2	bissett	darlene	F							69	
3	DAVIDSON	SHERRI	F							76	
4											
5	Ermel	Rebecca	F							81	
6	Gorkoff	Tonya	F							74	
7											
8	Hill	Rhonda	F							76	
9	0 Juba	Kaitlyn	F							80	
10	Kenville	Jerilyn	F							80	
11	MacCallum	Marnie	F							72	
12	0 Meston	Sheri	F							75	
13	Misko	Leesa	F							94	
14	Running	Mikayla	F							93	
15	Vibert	Lana	F							71	
16	Zora	Brittany	F							94	
17											
18											

TEAM STAFF										
List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address	
<input checked="" type="checkbox"/>	Team Contact	0 Meston	Sheri	F						
<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>										
<input checked="" type="checkbox"/>										
<input type="checkbox"/>										

*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				Team Name: Shooters				Primary Team Contact				
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C		Age Group - Please check one <input type="checkbox"/> J9 <input type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 20+			Home Color:		Away Color:		Name: Laura McCormick		Daytime Ph: 306-539-7041	
Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address	
								M	D	Y		
1												
2	Freestone	Sabrina	F								85	
3	GORRILL	KAHLA	F								83	
4	0 Hicke	Karen	F								74	
5	King	Krista	F								80	
6	Leach	Candace	F								81	
7	Frank	Courtney	F								80	
8	Malakoff	Michelle	F								79	
9	Mallow	Amanda	F								87	
10	Maurer	Temple	F								79	
11	McCormick	Laura	F								75	
12	Mooney	Shea	F								81	
13												
14	Konkel	Julie	F								81	
15												
16												
17												
18												
TEAM STAFF												
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address		
<input checked="" type="checkbox"/>	Coach	McCormick	Laura	F								
<input checked="" type="checkbox"/>	Assistant Coach	Mayer	Benji	M								
<input checked="" type="checkbox"/>	Trainer	Dumais	Karla	F								
<input checked="" type="checkbox"/>												
<input type="checkbox"/>												

*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			Team Name: Wildcats				Primary Team Contact		
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C		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 type="checkbox"/> U19 <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 30+			Home Color:		Name:		
					Away Color:		Daytime Ph:		

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	City or Town	Postal Code	Phone Number	Birthdate			E-mail Address
								M	D	Y	
1	Bote	tye	F							94	
2	0 Budzich	Chelsea	F							96	
3	Budzich	Jordyn	F							95	
4	Burkowski	Dakota	F							96	
5	0 Flett	Devan	F							95	
6	Foster	Jaimie	F							95	
7	0 Freiss	Taylor	F							97	UNDERAGE
8	Livingstone	Carrie	F							95	
9	0 McMillan	Teagan	F							95	
10	Petrovitch	Stephanie	F							96	
11	0 Shiels	Claudia	F							97	UNDERAGE
12	0 Taylor	Shelby	F							95	
13	Windl	Michaela	F							95	
14											
15											
16											
17											
18											

TEAM STAFF										
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	E-mail Address
<input checked="" type="checkbox"/>	Coach	Windl	Tony						1091071	
<input checked="" type="checkbox"/>	Asst Coach	Taylor	Greg						1091062	
<input checked="" type="checkbox"/>	Asst Coach	Shiels	Lorne						1048185	
<input checked="" type="checkbox"/>	Manager	Windl	Carla						5554	

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