



TEAM REGISTRATION FORM

Local Association:		Team Name: Blaze		Primary Team Contact	
Level		Age Group - Please check one		ed	Teal/Orange
<input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		<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+			
Away Color:				as above	Name:
					Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	2	Wensley	Amelia	F	07	
2	3	Wensley	Zoe	F	07	
3	4	Seymour	Natalie	F	08	
4	5	Toogood	Grace	F	06	
5	6	MacDonald	Julie	F	06	
6	7	McNeill	Kaitlyn	F	06	
7	8	Strykiwsky	McKenna	F	06	
8	9	Heerspink	Ingrid	F	07	
9	10	Parks	Paige	F	06	
10	11	Colhoun	Kayleigh	F	06	
11	13	Russell	Shaylyn	F	06	
12	14	Howe	Brooklyn	F	06	
13						
14						
15						
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input checked="" type="checkbox"/>	Coach	Seymour	Daina	F
<input checked="" type="checkbox"/>	Asst.Coach	Parks	Shannon	F
<input type="checkbox"/>	Asst. Coach			
<input checked="" type="checkbox"/>	Manager	Russell	Wanda	F
<input checked="" type="checkbox"/>	Trainer	Bawden	Jaime	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: Hornets		Primary Team Contact	
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input 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"/> C		Age Group - Please check one <input type="checkbox"/> 18+ <input type="checkbox"/> 30+		Home Color: Away Color:	Black/Yellow Black/Yellow
				Name:	
				Daytime Ph:	

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	E-mail
					Y	
1	2	Wilker	Hannah	F	2007	
2	4	LeBlanc	Nevaeh	F	2007	
3	6	Ball	Danaka	F	2006	
4	7	Simmons	Ava	F	2006	
5	8	Clarke	Kealy	F	2007	
6	9	Powers	Claire	F	2007	
7	10	Powers	Sarah	F	2005	
8	11	Klyne	Hanna	F	2006	
9	12	Stinson	Dylan	F	2007	
10	13	Schell	Jordan	F	2007	
11	15	Huber	Shayle	F	2006	
12	16	Clarke	Maddison	F	2007	

TEAM STAFF				
	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Ball	Searle	M
<input type="checkbox"/>	Asst.Coach	Klyne	Brandi	F
<input type="checkbox"/>	Manager	Schell	Shauna	F
<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:			Team Name: Ice Monsters			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 checked="" type="checkbox"/> J9	<input type="checkbox"/> J10	<input type="checkbox"/> J12	<input type="checkbox"/> J14	<input type="checkbox"/> J16
<input type="checkbox"/> C			<input type="checkbox"/> J18+	<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	Birthdate		E-mail
						Y	
1	2	Carter	Emerson	F		2006	
2	13	Fesyk	Emily	F		2007	
3	6	Kehrig	Victoria	F		2006	
4	11	Cullins	Elyse	F		2007	
5	3	Stang	Georgia	F		2006	
6	7	Tait	Paige	F		2007	
7	16	Meston	Daylin	F		2006	
8	4	Kozakewich	Acadia	F		2007	
9	8	Germain	Caitlyn	F		2005	
10	15	Carroll	Emerson	F		2005	
11	12	Mushumanski	Payten	F		2007	
12	5	Claude	Olivia	F		2008	
13							
14							
15							
16							
17							
18							

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Carter	Crista	F
<input type="checkbox"/>	Asst.Coach	Claude	Janelle	F
<input type="checkbox"/>	Asst. Coach	Germain	Phil	M
<input type="checkbox"/>	Manager	Mushumanski	Amanda	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: Ice Pirates			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 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"/> B0+			Home Color:	White
		Away Color:			Green	Name:
					Daytime Ph:	

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
					Y		
1	1	Welsh	Kiarra	F	05		
2	2	Simmons	Faith	F	05		
3	4	Verhelst	Dylan	F	08		
4	6	Verhelst	Devin	F	06		
5	9	Farrow	Melia	F	06		
6	11	Fraser	Georgia	F	06		
7	12	Newman	Marika	F	06		
8	13	McMartin	Jayce	F	06		
9	14	Hicks	Easton	F	05		
10	15	MacLeod	Kaylee	F	08		
11	16	Therrien	Merceydes	F	06		
12	17	Kessler-Holderness	Ella	F	06		
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	Simmons	Angela	F						
<input checked="" type="checkbox"/>	Asst.Coach	Verhelst	Marshal	M						
<input checked="" type="checkbox"/>	Asst. Coach	MacLeod	Carla	F						
<input checked="" type="checkbox"/>	Manager	Welsh	Bettina	F						
<input checked="" type="checkbox"/>	Asst. Coach	Welsh	Ian	M						

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TEAM REGISTRATION FORM

Local Association: Regina			Team Name: Rocket Girls			Primary Team Contact		
Level		Age Group - Please check one			Home Color:	Pink	Name:	
<input type="checkbox"/> AA	<input type="checkbox"/> A	<input checked="" 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:	Pink	Daytime Ph:

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
						Y	
1	7	BENYEI	KAYDENCE	F		2006	
2	12	CLEMETT	LONDON	F		2008	
3	6	FISHER	TALEAH	F		2007	
4	9	HEISLER	ALYSSA	F		2008	
5	8	HEISLER	KENDYL	F		2007	
6	13	LANG	JANAYA	F		2007	
7	5	MUCKELT-LANDRY	KIERA	F		2007	
8	15	O'DOW	BROOKE	F		2005	
9	4	POISSANT	RENISE	F		2007	
10	3	SCHULZ	BREE	F		2006	
11	10	VAN APELDOORN	JASPEN	F		2006	
12	14	CARON	MYA	F		2006	
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	SNELL	AMANDA	F						
<input type="checkbox"/>	Asst.Coach	MUCKELT	MEL	F						
<input type="checkbox"/>	Asst. Coach	SCHULZ	COREY	M						
<input type="checkbox"/>	Manager	LANG	TANYA	F						
<input type="checkbox"/>	Asst. Coach	CLEMETT	TARA	F						

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TEAM REGISTRATION FORM

Local Association: Regina Ringette			Team Name: Stars			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	Birthdate		E-mail
					Y		
1	10	Ingjaldson	Frances	F	2005		
2	9	Lieb	Makayla	F	2006		
3	6	Howe	Cadence	F	2006		
4	13	Johnson	Kyla	F	2006		
5	7	Doka	Brooklyn	F	2006		
6	5	Schutz	Chanel	F	2007		
7	3	Trask	Jadah	F	2007		
8	1	Labbie	Brooke	F	2008		
9	2	Walters	William	M	2007		
10	14	Walters	Zoey	F	2007		
11	8	Church	Sophie	F	2007		
12	11	Wiebe	Camryn	F	2006		
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	Wiebe	Jocelyn	F						
<input type="checkbox"/>	Asst.Coach	Ingjaldson	Marjorie	F						
<input type="checkbox"/>	Asst. Coach									
<input type="checkbox"/>	Manager	Walters	Charlene	F						
<input type="checkbox"/>	Trainer	Schutz	Travis	M						

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TEAM REGISTRATION FORM

Local Association:			Team Name: Thumpers			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:	Black/Pink/Purple	Name:
					Away Color:	White/Pink/Purple	Daytime Ph:

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
						Y	
1	3	Phaneuf	Ava-Lynn	F		2008	
2	11	Metheral	Lily	F		2008	
3	1	Brianna	Keck	F		2007	
4	6	Secuur	Megan	F		2007	
5	2	Maier	Sadie	F		2008	
6	17	Taylor	Brooke	F		2007	
7	7	Fisher	Avery	F		2006	
8	15	Gushue	Julie	F		2007	
9	8	Wright	Abby	F		2006	
10	10	Tremblay	Janey	F		2006	
11	5	Tremblay	Jacey	F		2008	
12	16	Seip	Hailey	F		2005	
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	Wright	Jessica	F						
<input type="checkbox"/>	Asst.Coach	Fisher	Lisa	F						
<input type="checkbox"/>	Asst. Coach	Taylor	Greg	M						
<input type="checkbox"/>	Manager	Tremblay	Treena	F						
<input type="checkbox"/>	Trainer									

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TEAM REGISTRATION FORM

Local Association:			Team Name: Angels			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 checked="" type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> J18+ <input type="checkbox"/> J30+			Home Color:	GREEN		Name:	
					Away Color:	WHITE		Daytime Ph:	

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
						Y	
1	2	McCormick	Abby	F		2005	
2	4	Bryden	Rylie	F		2004	
3	5	Bryden	Jayda	F		2004	
4	6	Olson	Keeley	F		2004	
5	8	Welsh	Trista	F		2004	
6	9	Renner	Rianne	F		2004	
7	10	Hector	Virginia	F		2004	
8	11	Gibney	Isabella	F		2004	
9	15	Henry	Dana	F		2004	
10	16	Schwab	Brooklyn	F		2005	
11	17	Young	Emma	F		2005	
12	18	Sundbo	Natalia	F		2004	
13	19	Nelson	Julia	F		2005	
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	McCormick	Laura	F						
<input checked="" type="checkbox"/>	Asst. Coach	Schwab	Angie	F						
<input checked="" type="checkbox"/>	Asst. Coach	Young	Rob	M						
<input checked="" type="checkbox"/>	Manager	Bryden	Jackie	F						
<input checked="" type="checkbox"/>	Asst. Coach	Welsh	Ian	M						

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TEAM REGISTRATION FORM



Local Association: Regina Ringette		Team Name: Chaos		Primary Team Contact	
Level <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/>		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: Green	Name: _____ Daytime Ph: _____
				Away Color: White	

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	5	Lang	Allery	F	2005	
2	9	Maletta	Bella	F	2005	
3	12	MacKinnon	Briar	F	2004	
4	7	Hutcheon	Brooke	F	2005	
5	15	Goldstone	Cassidy	F	2004	
6	13	McBeth	Chloe	F	2005	
7	11	Nerbas	Giada	F	2005	
8	8	Adam	Grace	F	2004	
9	6	Forrest	Julia	F	2005	
10	10	Nameth	Kyra	F	2004	
11	16	Sellinger	Kira	F	2004	
12	14	Szautner	McKinley	F	2005	
13	18	Haidl	Olivia	F	2004	
14						
15						
16						
17						
18						

TEAM STAFF				
	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	McBeth	Scott	M
<input type="checkbox"/>	Asst.Coach	Forrest	Ryan	M
<input type="checkbox"/>	Asst. Coach	Szautner	Rhonda	F
<input type="checkbox"/>	Manager	McBeth	Trisha	F
<input type="checkbox"/>	Trainer			

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TEAM REGISTRATION FORM

Local Association: Regina Ringette			Team Name: Lightning			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"/> J18+ <input type="checkbox"/> B0+			Home Color:	Green	Name:
					Away Color:	White	Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
					Y	
1	12	Briere	Skyler	f	2004	
2	3	Rylee McMillan	Rylee	f	2005	
3	10	Cullins	Jenna	f	2004	
4	5	Lindsay	Bailey	f	2004	
5	9	Gartner	Eva	f	2004	
6	11	Schutz	McKenna	f	2004	
7	6	Wagner	Hannah	f	2005	
8	15	Belmore	Sara	f	2004	
9	4	Bryksa	Peyton	f	2004	
10	7	Weins	Georgia	f	2004	
11	2	Hollinger	Emerson	f	2005	
12	8	Gartner	Raina	f	2004	
13	14	Theriault-Crabbe	alora	f	2004	
14						
15						
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Briere	Tasha	f
<input type="checkbox"/>	Asst. Coach	McMillan	Jayda	f
<input type="checkbox"/>	Asst. Coach	Weins	Mike	m
<input type="checkbox"/>	Manager	Weins	Karen	f
<input type="checkbox"/>	Jr. Coach	Jaya	Vestor	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		Ravens		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 checked="" type="checkbox"/> J10 <input type="checkbox"/> J12 <input type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> J18+ <input type="checkbox"/> J30+		Home Color:	Green w/white
				Away Color:	White w/green
				Name:	
				Daytime Ph:	

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
					Y		
1	2	Baade	Abigail	F	2005		
2	14	Chalus	Tiana	F	2004		
3	16	Clemett	Brooklyn	F	2004		
4	3	Hartnell	Anna	F	2004		
5	15	Hills	Emma	F	2004		
6	10	Jackson	Lily	F	2004		
7	6	McLeod	Amy	F	2004		
8	11	Schoenhofen	Lauren	F	2005		
9	13	Schwartz	Dorean	F	2005		
10	18	Seidler	Kiera	F	2005		
11	12	Seidler	Talia	F	2005		
12	17	Walter	Alexa	F	2004		
13	4	Walters	Cassie	F	2004		
14							
15							
16							
17							
18							

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input checked="" type="checkbox"/>	Coach	Schoenhofen	Donnell	F
<input checked="" type="checkbox"/>	Asst. Coach	Seidler	Aaron	M
<input checked="" type="checkbox"/>	Asst. Coach	Clemett	Tara	F
<input checked="" type="checkbox"/>	Manager	Hills	Jodi	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: REGINA RINGETTE			Team Name: THE FORCE			Primary Team Contact					
Level		Age Group - Please check one			Home Color:	Green	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"/> C		<input type="checkbox"/> 18+	<input type="checkbox"/> 30+		Away Color:	White	Daytime Ph:	Lee Cowan			
							Cell:533-2676; Work:584-5553				

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	14	COWAN	BRENNA	F	04	
2	8	HEROM	CAMERON	F	04	
3	10	JICKLING	MYA	F	04	
4	12	HAGGLUND	REBEKAH	F	04	
5	09	LISKOWICH	KATE	F	04	
6	11	LEIER	ABBY	F	04	
7	13	HODGE	JACEY	F	05	
8	4	WENGER	AVA	F	05	
9	16	CORBIN	KIARRA	F	04	
10	7	BASS	JENNESSA	F	04	
11	15	BUTLER	SOPHIA	F	04	
12	5	BRASS	JANESSA	F	04	
13	6	POTTER	OLIVIA	F	05	
14	17	NYSTROM	MADELEINE	F	04	
15						
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	COWAN	LEE	M
<input type="checkbox"/>	Asst.Coach	HEROM	KEVIN	M
<input type="checkbox"/>	Asst. Coach	JICKLING	JAYNE	F
<input type="checkbox"/>	Manager	WRIGHT	KRISTA	F
<input type="checkbox"/>	Trainer	MCNEIL	KATE	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:		Team Name: Crushers		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 checked="" 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:	Dark Green	Name:
				Away Color:	White	Daytime Ph:

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
					Y		
1	9	Andreasen	Halle	F		2002	
2	5	Brezinski	Abby	F		2003	
3	3	Dumaine	Haley	F		2003	
4	14	Gee	Malia	F		2003	
5	11	Hamilton	Mattea	F		2002	
6	12	Laycock	Ashley	F		2002	
7	4	Leier	Lauren	F		2002	
8	15	Lenz	Ally	F		2003	
9	10	Melnyk-Mckechnie	Akeilee	F		2003	
10	16	Metheral	Hannah	F		2002	
11	2	Okerstrom	Camille	F		2003	
12	6	Stronach	Ava	F		2003	
13	13	Wallis	Montana	F		2003	
14							
15							
16							
17							
18							

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input checked="" type="checkbox"/>	Coach	Stronach	Lesley	F
<input checked="" type="checkbox"/>	Asst.Coach	Okerstrom	Joanne	F
<input checked="" type="checkbox"/>	Asst. Coach	Dumaine	John	M
<input checked="" type="checkbox"/>	Manager	Melnyk	Stacey	F
<input type="checkbox"/>	Trainer			

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TEAM REGISTRATION FORM

Local Association:		Team Name: Lunstix			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"/> 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"/> U18+ <input type="checkbox"/> B0+			Home Color:	Green	Name: Tanya Jones
					Away Color:	White	Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	12	Allen	Abby	F	2002	
2	9	Balaberda	Bailey	F	2002	
3	6	Benko	Emma	F	2002	
4	7	Culling	Sydney	F	2003	
5	14	Davidson	Taylor	F	2003	
6	2	Degenstein	Sara	F	2002	
7	4	Eirich	Liberty	F	2003	
8	8	Grandel	Naomi	F	2002	
9	5	Hodge	Cailen	F	2002	
10	17	Jones	Bryn	F	2002	
11	19	Macknak	Jadyn	F	2002	
12	13	Matz	Hannah	F	2002	
13	16	Nelson	Lauren	F	2003	
14						
15						
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input checked="" type="checkbox"/>	Coach	Jones	Tanya	F
<input checked="" type="checkbox"/>	Asst. Coach	Weston	Andrea	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

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 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+			Away Color:	white	Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	15 Aquin	Haley	F	2003		
2	5 Beauchesne	Alex	F	2002		
3	17 Betson	Brooke	F	2002		
4	6 Carani	Chiara	F	2003		
5	3 Flaman	Mattea	F	2003		
6	12 Formaggio-Harrison	Adrianna	F	2001		
7	13 Formaggio-Harrison	Emma	F	2001		
8	8 Heerspink	Rhiannon	F	2003		
9	14 Lieb	Jenessa	F	2003		
10	18 McCaw	Kaitlynn	F	2003		
11	10 Melnyk	Myah	F	2002		
12	1 Parisloff	Kianna	F	2003		
13	19 Paul	Jasper	F	2003		
14	2 Stang	Madeline	F	2003		
15						
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<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"/>				

*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: Rings of Fire			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 checked="" 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:	Green	Name:	Tasha Briere
					Away Color:	White	Daytime Ph:	306-205-5667

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
					Y		
1	14	Briere	Layna	F	2003		
2	1	Briere	Savanna	F	2002		
3	16	Cote	Chande	F	2002		
4	13	Cramer	Kamryn	F	2003		
5	9	Psenica	Caylee	F	2003		
6	4	Rubin	Brioni	F	2003		
7	12	Ruehs	Abigail	F	2003		
8	18	Vaskor	Emma	F	2003		
9	7	Allen	Asia	F	2002		
10	19	Copeman	Jayden	F	2002		
11	13	Kuhn	Lauren	F	2002		
12	15	Smith	Ariana	F	2002		
13	10	Wilk	Savanna	F	2002		
14	8	Trembley	Kaitlyn	F	2002		
15							
16							
17							
18							

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Briere	Tasha	F
<input type="checkbox"/>	Asst.Coach	Trembley	Dave	M
<input type="checkbox"/>	Asst. Coach	Cheeseman	Amanda	F
<input type="checkbox"/>	Manager			
<input type="checkbox"/>	Trainer	Hozempa	Chandra	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:		Team Name: Sabotage			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 checked="" 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:	Green	Name: Jeff Gienow
					Away Color:	White	Daytime Ph: 529-4340

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	E-mail
					Y	
1	2	Hunchak	Jaclynn	F	2002	
2	5	Liebel	Paige	F	2002	
3	6	Bonar	Mirabel	F	2002	
4	7	Standish	Taylor	F	2002	
5	8	Iannone	Ava	F	2002	
6	9	Sheard	Kia	F	2003	
7	10	Wiens	Dierdra	F	2002	
8	11	Herrington	Madison	F	2002	
9	12	Carter	Jenna	F	2002	
10	13	Gienow	Alyx	F	2002	
11	14	Maierhoffer	Julia	F	2002	
12	15	Maher	Sylvie	F	2002	
13	16	Donaldson	Hailey	F	2003	
14	18	Simmons	Hope	F	2003	
15						
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input checked="" type="checkbox"/>	Coach	Gienow	Jeff	M
<input checked="" type="checkbox"/>	Asst. Coach	Carter	Crista	F
<input checked="" type="checkbox"/>	Asst. Coach	Liebel	Steve	M
<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



Ringette Association

Team Name: U12 Vipers

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 checked="" 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:	Green White	Name: Daytime Ph:
--	---	--	----------------------------------	--

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	E-mail
					Y	
1	1	Tressel	Sydney	F	2003	
2	2	Stangel	Bailey	F	2003	
3	3	Palka	Kaylie	F	2003	
4	4	Kehrig	Elysia	F	2002	
5	5	Schlosser	Brezlyn	F	2003	
6	6	Andersen	Kareena	F	2003	
7	7	Hollinger	Kennedy	F	2002	
8	8	Maurer	Ryan	F	2003	
10	10	Abouchakra	Melodie	F	2003	
11	11	Bruce	Georgia	F	2002	
12	12	Belmore	Jade	F	2002	
14	14	Klewchuk	Kaylie	F	2003	
15	15	Phaneuf	Dayle	F	2003	
16	16	Flett	Mia	F	2003	
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Bird	Sheryl	F
<input checked="" type="checkbox"/>	Asst.Coach	Hollinger	Kent	M
<input type="checkbox"/>	Asst. Coach	Belmore	Norma Jean	F
<input checked="" type="checkbox"/>	Manager	Stangel	Shawna	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 Ringette		Team Name: Regina Extreme			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 checked="" type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+			Home Color:	Green
					Away Color:	White
					Name:	
					Daytime Ph:	

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
					Y		
1	1	Hall	Addison	F	2000		
2	2	Vien-Mohr	Kiara	F	2001		
3	3	Currie	Oriana	F	2001		
4	4	Smith	Jessica	F	2001		
5	8	Degenstein	Elizabeth	F	1999		
6	9	Klewchuk	Kelsey	F	2000		
7	10	Hawkins	Grace	F	2000		
8	12	Carter	Holly	F	2001		
9	13	Verhelst	Taylor	F	2000		
10	14	Douglas	Celeste	F	2001		
11	15	Bergen	Jaelyn	F	2001		
12	17	Denomie	Ava	F	2001		
13							
14							
15							
16							
17							
18							

TEAM STAFF				
	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Mohr	Darren	M
<input type="checkbox"/>	Asst.Coach	Mohr	Kindra	F
<input type="checkbox"/>	Asst. Coach	Douglas	Trevor	M
<input type="checkbox"/>	Manager	Carter	Lynn	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:			Team Name: Regina Inferno			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 checked="" type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+			Home Color:	Green	Name:
					Away Color:	White	Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	1	Burchi	Mikayla	F	00	
2	2	Kaytor	Cami	F	00	
3	3	Bennett	Allison	F	01	
4	4	Agarand	Kaitlyn	F	01	
5	7	McCrystal	Camryn	F	00	
6	8	Larsen	Riley	F	00	
7	9	Langford	Emily	F	01	
8	10	Wilk	Shantel	F	00	
9	11	Pickering	Laura	F	00	
10	12	Saranchuk	Keeley	F	01	
11	13	Claude	Emily	F	00	
12	18	Butz	Karly	F	02	
13						
14						
15						
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Claude	Janelle	F
<input type="checkbox"/>	Asst.Coach	Burchi	Mike	M
<input type="checkbox"/>	Asst. Coach	Larsen	Hans	M
<input type="checkbox"/>	Asst. Coach	Agarand	Angela	F
<input type="checkbox"/>	Manager/Asst. Coach	Butz	Keely	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: The 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 checked="" type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+		Home Color:	Green
		Away Color:		White	
				Name:	
				Daytime Ph:	

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
					Y	
1	10	Alexander	Erin	F	2001	
2	7	Carnegie	Jenna	F	2001	
3	14	Faubert	Elan	F	2001	
4	8	Gielis	Maggie	F	2000	
5	6	Gulash	Sarah	F	2001	
6	4	Hector	Eleanor	F	2001	
7	1	Joyce (goalie)	Marissa	F	2001	
8	11	MacNeill	Olivia	F	2001	
9	2	Maletta	Jae-Lyn	F	2001	
10	3	Sheard (goalie)	CJ	F	2001	
11	13	Spasoff	Emily	F	2001	
12	16	Stang	Sophia	F	2001	
13	12	Stangel	Karley	F	2001	
14						
15						
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input checked="" type="checkbox"/>	Coach	Spasoff	Paul	M
<input checked="" type="checkbox"/>	Asst. Coach	Hector	Darren	M
<input checked="" type="checkbox"/>	Asst. Coach	Surkan	Sarah	F
<input checked="" type="checkbox"/>	Asst. Coach	Surkan	Randi	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: Rebels			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 checked="" type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+			Home Color:	Green	Name:
					Away Color:	White	Daytime Ph:

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
						Y	
1	1	Davis	Makenna	F		2001	
2	2	Embury	Megan	F		2001	
3	3	MacLeod	Hannah	F		2001	
4	5	Marcil	Kora	F		2000	
5	6	Stang	Bronwyn	F		2000	
6	7	Shaw	Melissa	F		2000	
7	8	Foord	Hannah	F		2001	
8	9	Bernhauser	MacKenzie	F		2001	
9	11	Zado	Ashley	F		2000	
10	12	MacLellan	Hannah	F		2001	
11	16	Shiels	Rachel	F		2000	
12	17	MacLeod	Mackenzie	F		2001	
13							
14							
15							
16							
17							
18							

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Bernhauser	Brent	M
<input type="checkbox"/>	Asst.Coach	MacLeod	Carla	F
<input type="checkbox"/>	Asst. Coach			
<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: RRA		Team Name: U14A Ringers			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 checked="" type="checkbox"/> J14 <input type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> J18+ <input type="checkbox"/> B0+			Home Color:	Green	Name:
					Away Color:	White	Daytime Ph:

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
						Y	
1	3	Howden	Alyssa	F		2001	
2	4	Meger	Haley	F		2001	
3	5	Howden	Brianne	F		2001	
4	7	Budzich	Emma	F		2001	
5	8	Englot	Megan	F		2001	
6	9	Eberts	Mackenzie	F		2000	
7	10	Germain	Amy	F		2001	
8	11	Moore	Mackenzie	F		2000	
9	12	Pow	Carli	F		2001	
10	13	Wicijowski	Kasia	F		2000	
11	14	Schaefer	Morgan	F		2001	
12	15	Weimer	Haylee	F		2000	
13	16	Mroske	Jessica	F		2000	
14	17	Dauk	Janessa	F		2001	
15	18	McKechnie	Payton	F		2001	
16	31	Robertston	Caitlyn	F		2001	
17							
18							

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Budzich	Chris	M
<input type="checkbox"/>	Asst. Coach	Robertston	Cheryl	F
<input type="checkbox"/>	Asst. Coach	Delesoy	Amanda	F
<input type="checkbox"/>	Asst. Coach	McMillan	Teagan	F
<input type="checkbox"/>	Asst. Coach	Livingstone	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:		Team Name: Booya			Primary Team Contact	
Level		Age Group - Please check one			Home Color:	Green
<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"/> 30+			Away Color:	White
					Name:	
					Daytime Ph:	

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	6	Ash	Morgan	F	99	
2	3	Bass	Jazmine	F	98	
3	8	Beals	Breanna	F	99	
4	10	Bokitch	Cameron	F	99	
5	14	Carmichael	Brooke	F	98	
6	13	Caswell	Olivia	F	99	
7	4	Donald	Camryn	F	99	
8	9	Donald	Meilssa	F	99	
9	15	Hills	Cierra	F	98	
10	16	Puffalt	Jaidyn	F	98	
11	1	Sandercock	Ashley	F	99	
12	7	Selinger	Natalie	F	98	
13	5	Smith	Sydney	F	99	
14	2	Thompson	Kendal	F	98	
15	17	Van De Sype	Alanna	F	99	
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Donald	Scott	M
<input type="checkbox"/>	Asst.Coach	Selinger	Gina	F
<input type="checkbox"/>	Asst. Coach	Thompson	Kevin	M
<input type="checkbox"/>	Manager	Beals	Teri	F
<input type="checkbox"/>	Trainer	Puffalt	Dean	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: Cyclones			Primary Team Contact	
Level		Age Group - Please check one			Home Color:	Green
<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"/> 30+			Away Color:	White
					Name:	
					Daytime Ph:	

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
					Y		
1	1	Snider	Melissa	F	99		
2	3	Schaffer	Rae-Lynn	F	99		
3	4	Aquin	J'Lynn	F	99		
4	6	Gimas	Rachel	F	99		
5	8	Wesdyk	Kaylie	F	99		
6	9	Grad-Ardnt	Ella	F	99		
7	10	Coutts	Cassidy	F	98		
8	11	Deis	Daylynn	F	98		
9	12	Day	Casey-Anne	F	99		
10	13	Benesh	Hannah	F	98		
11	14	Ridgway	Amelia	F	99		
12	15	Keller	Hayley	F	98		
13	17	McEwen	Alexis	F	98		
14							
15							
16							
17							
18							

TEAM STAFF				
	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Way	Larry	M
<input type="checkbox"/>	Asst. Coach	Hill	Carrie	F
<input type="checkbox"/>	Asst. Coach	Schreiner	Shelley	F
<input type="checkbox"/>	Manager	Gimas	Loretta	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: Impact		Primary Team Contact	
Level		Age Group - Please check one		Home Color:	Green
<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:	White/Green
				Name:	
				Daytime Ph:	

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
					Y		
1	1	Skiehar	Brodie	F		99	
2	2	Gray	Delaney	F		99	
3	3	Flaman	Michaela	F		98	
4	4	Rae	Katrina	F		99	
5	5	Rooney	Lauren	F		98	
6	7	Cameron Chacun	Ashton	F		99	
7	8	Rotariu	Ashley	F		98	
8	9	Andreasen	Hannah	F		98	
9	10	Kotylak	Anita	F			
10	11	Kosar	Jessica	F		99	
11	12	Nagy	Jessica	F		99	
12	13	Keller	Jennifer	F		98	
13	14	Reifferscheid	Mykinna	F		99	
14	15	Currie	Chelsea	F		98	
15	16	Buhler	Stephanie	F		99	
16	31	McNeill	Brittany	F		98	
17							
18							

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Garnier	Marcel	M
<input type="checkbox"/>	Asst.Coach	McEachern	Alysha	
<input type="checkbox"/>	Asst. Coach	Nelson	Cailee	
<input type="checkbox"/>	Asst Coach	Agar	Carmen	
<input type="checkbox"/>	Manager	Kotylak	Laurie	

*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: Whip			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"/> 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+			Home Color:	Green	Name:
					Away Color:	White	Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	1	Nikkari	Alexis	F	98	
2	2	Kratz	Melayna	F	99	
3	3	Strachan	Taylor	F	99	
4	4	Bushell	Sierra	F	99	
5	5	Palmer	Victoria	F	99	
6	6	Sjoberg	Courtney	F	98	
7	7	Muhr	Emily	F	98	
8	11	Fedec	Ellie	F	98	
9	12	Hammett	Miranda	F	98	
10	13	Weeks	Katie	F	99	
11	14	Pow	Janel	F	98	
12	15	Hack	Shelby	F	99	
13	16	Houk	Aubrie	F	98	
14	17	Singer	Aspen	F	99	
15						
16						
17						
18						

TEAM STAFF

List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/> Coach	Muhr	Kelly	M
<input type="checkbox"/> Asst. Coach	Standon	Nicki	F
<input type="checkbox"/> Asst. Coach	Pow	Jeff	F
<input type="checkbox"/> Manager	Singer	Gennifer	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: Regina Ringette		Team Name: Stingers			Primary Team Contact	
Level		Age Group - Please check one			Home Color:	Green
<input checked="" type="checkbox"/> AA <input 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 checked="" type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+				
					Away Color:	White
					Name:	
					Daytime Ph:	

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	8	Greiner	Ashley	F	1998	
2	15	Sahulka	Ashley	F	1998	
3	6	Hess	Brianna	F	1999	
4	17	Hawman	Brittany	F	1998	
5	7	Baker	Carly	F	1998	
6	13	Yang	Chandria	F	1999	
7	5	Dupuis	Christine	F	1999	
8	1	Moore	Hailey	F	1999	
9	16	Weimer	Jade	F	1998	
10	10	Flett	Janelle	F	1998	
11	14	Pilkey	Meghan	F	1999	
12	3	Lozinski	Melissa	F	1998	
13	12	Embury	Natalie	F	1998	
14	9	Stewart	Piper	F	1998	
15	4	Kozack	Shai	F	1999	
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Johnson	Eric	M
<input type="checkbox"/>	Asst.Coach	Coxford	Kyla	F
<input type="checkbox"/>	Asst. Coach	Herring	Kerri	F
<input type="checkbox"/>	Manager	Lozinski	Cindy	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: Blades			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 type="checkbox"/> J14
<input type="checkbox"/> C				<input type="checkbox"/> J16	<input checked="" type="checkbox"/> J19	
		<input type="checkbox"/> 18+	<input type="checkbox"/> 30+	Away Color:		Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	1	Vester	Jaya	f	97	
2	2	Strachan	Hayley	f	97	
3	3	Bote	Samantha	f	97	
4	4	Windl	Michaela	f	95	
5	5	Flett	Devan	f	95	
6	6	Schmidt	Chelsea	f	95	
7	7	Budzich	Jordyn	f	95	
8	8	Schmidt	Katelyn	f	97	
9	9	Skiehar	Shaeden	f	97	
10	10	Derr	Rachelle	f	95	
11	11	Burkowski	Dakota	f	96	
12	12	Budzich	Chelsea	f	96	
13	13	Taylor	Shelby	f	95	
14	15	Friess	Taylor	f	97	
15	16	Shiels	Claudia	f	97	
16						
17						
18						

TEAM STAFF

List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/> Coach	Bote	Joe	m
<input type="checkbox"/> Asst.Coach	Shiels	Lorne	m
<input type="checkbox"/> Asst. Coach	Shiels	Michelle	f
<input type="checkbox"/> Manager	Friess	Christine	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: RRA		Team Name: KAOS			Primary Team Contact	
Level		Age Group - Please check one			Home Color:	Green
<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 type="checkbox"/> J16 <input checked="" type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+			Away Color:	White
					Name:	
					Daytime Ph:	

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	5	Buhler	Rebecca	F	97	
2	3	Daverne	Lauren	F	96	
3	29	Day	Taylor	F	97	
4	6	Deis	Taylor	F	96	
5	12	Drimmie	Zoey	F	97	
6	7	Flaman	Jessica	F	97	
7	4	Halvorsen	Morgan	F	97	
8	10	Kubik	Ashley	F	95	
9	9	Langford	Kaitlyn	F	95	
10	6	Petrovitch	Stephanie	F	96	
11	15	Pilkey	Caitlyn	F	97	
12	14	Sahulka	Courtney	F	96	
13	8	Smith	Jocelyn	F	96	
14	13	Troesch	Emily	F	96	
15	11	Vance	Sarah	F	97	
16						
17						
18						

TEAM STAFF

List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/> Coach	Giles	Nicole	F
<input type="checkbox"/> Asst.Coach	Flaman	Mike	M
<input type="checkbox"/> Asst. Coach	Troesch	Jason	M
<input type="checkbox"/> Asst. Coach	Williamson	Jessica	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: Regina Ringette		Team Name: RIPT			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 checked="" type="checkbox"/> J19 <input type="checkbox"/> J18+ <input type="checkbox"/> B0+			Home Color: Away Color:	Green White	Name: Daytime Ph:	

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	1	Fraser	Jaymie	F	97	
2	2	Klein	Robyn	F	97	
3	3	Chekay	Kristen	F	97	
4	4	Appel	Kendyl	F	97	
5	6	Davidson	Brieanna	F	97	
6	7	Borsa	Rebecca	F	97	
7	8	Knudsen	Sarah	F	97	
8	9	Livingstone	Carrie	F	95	
9	10	Legien	Kaitlynn	F	96	
10	11	Galenzoski	Cheyenne	F	97	
11	12	Cassano	Alix	F	95	
12	13	Hawkins	Courtney	F	96	
13	14	Turgeon	Katy	F	97	
14	15	Rodgers	Nicole	F	97	
15	17	Yeager	Amanda	F	97	
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input checked="" type="checkbox"/>	Coach	Coxford	Chelsie	F
<input checked="" type="checkbox"/>	Asst.Coach	Knudsen	Rachel	F
<input checked="" type="checkbox"/>	Asst. Coach	Turgeon	Janet	F
<input checked="" type="checkbox"/>	Asst. Coach	Todorovich	Harley	F
<input checked="" type="checkbox"/>	Asst. Coach	Greter	Erica	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:		Team Name: Bandits			Primary Team Contact	
Level		Age Group - Please check one			Home Color:	Green
<input checked="" type="checkbox"/> AA <input 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+			Away Color:	White
					Name:	
					Daytime Ph:	

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	1	Greiner	Taylor	F	96	
2	2	Treslan	Abbie	F	95	
3	3	Nimegeers	Jesse	F	96	
4	4	Chekey	Danielle	F	95	
5	6	Savage	Jayd	F	95	
6	8	McMillan	Teagan	F	95	
7	10	Ostryzniuk	Anya	F	96	
8	11	Weinmeister	Jensen	F	96	
9	12	Merritt	Sydney	F	96	
10	14	Kotylak	Kaytlyn	F	96	
11	15	Lowes	Mallory	F	96	
12	16	Zeiler	Natasha	F	95	
13	17	Cowan	Randi	F	95	
14	31	Dickin	Jessica	F	95	
15						
16						
17						
18						

TEAM STAFF				
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	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Liebrecht	Darrell	M
<input type="checkbox"/>	Coach	Nimegeers	Barron	M
<input type="checkbox"/>	Coach	Walbaum	Megan	F
<input type="checkbox"/>	Coach	Buchan	Cheryl	F
<input type="checkbox"/>	Coach	Greiner	Scott	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: Blackouts			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"/> 30+			Home Color:	Blue and white	Name:
					Away Color:		Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Y	
1	37	Agar	Carmen	F	92
2	2	Truelove	Alison	F	88
3	3	Coxford	Kyla	F	91
4	4	Seitz	Alicia	F	91
5	5	Kelly	Courtney	F	93
6	6	Greter	Erica	F	92
7	7	Todorovich	Harley	F	92
8	8	Walbaum	Megan	F	90
9	9	McEachern	Alysha	F	92
10	10	Nelson	Cailee	F	92
11	11	Karchewski	Kailee	F	91
12	12	Karchewski	Megan	F	89
13	13	Dacey	Amanda	F	92
14	16	Cassano	Ashley	F	92
15	17	Mohr	Kindra	F	85
16	18	Dedecker	Madison	F	93
17					
18					

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Marcel	Garnier	M
<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: Diggers			Primary Team Contact	
Level		Age Group - Please check one			Home Color:	Green
<input type="checkbox"/> AA <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C A		<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+ Open			Away Color:	White
					Name:	
					Daytime Ph:	

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	10	Bray	Samantha	F	87	
2	18	Bray	Teisha	F	90	
3	15	Sillers	Brooke	F	78	
4	16	Wasnik	Kristie	F	87	
5	14	Hain	Laken	F	87	
6	13	Kimmie	Sarah	F	87	
7	19	Taylor	Karleigh	F	91	
8	8	Taylor	Kayla	F	87	
9	9	Block	Stephanie	F	90	
10	6	Block	Mandy	F	88	
11	11	Kezama	Krysie	F	92	
12	7	Kindermann	Heather	F	88	
13	1	Troesch	Heather	F	91	
14	3	Wolfe	Alyssa	F	89	
15	12	Gates	Kelsey	F	89	
16	2	Kowalshyn	Jennifer	F	87	
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Peaver	Nikky	F
<input type="checkbox"/>	Asst. Coach			
<input type="checkbox"/>	Asst. Coach			
<input type="checkbox"/>	Manager	Bray	Samantha	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: Jetts			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"/> 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:	White	Name:
					Away Color:	Green	Daytime Ph:

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
					Y		
1	6	Bryksa	Nicole	f	83		
2	8	Coxford	Chelsie	f	88		
3	13	Dancey	Allison	f	83		
4	3	Ebel	Stephanie	f	81		
5	9	Johnston	Kelly	f	87		
6	12	Knoll	Alison	f	85		
7	4	Murdoch	Mandy	f	86		
8	15	O'Byrne	Gillian	f	86		
9	7	Pollock	Alison	f	81		
10	11	Schoenhofen	Donnell	f	75		
11	10	Seymour	Daina	f	82		
12	30	Snell	Amanda	f	80		
13	24	Bawden	Jaime	f	84		
14	19	Johnston	Andie	f	75		
15							
16							
17							

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Johnston	Andie	F
<input type="checkbox"/>	Asst. Coach	Schoenhofen	Donnell	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)



TEAM REGISTRATION FORM

Local Association:		Team Name: Edge			Primary Team Contact	
Level		Age Group - Please check one			Home Color:	Green
<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 type="checkbox"/> J19 <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> 30+			Away Color:	White
					Name:	
					Daytime Ph:	

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	#1	Wharton	Cheyenne	F	93	
2	#2	Pritchard	Leticia	F	93	
3	#3	Pawlec	Breanne	F	91	
4	#4	Cheeseman	Amanda	F	94	
5	#5	B-Hozempa	Chandra	F	91	
6	#6	Stewart	Sharlett	F	91	
7	#7	Pederson	Amy	F	91	
8	#8	Earis	Jessica	F	95	
9	#9	Stewart	Shantel	F	93	
10	#10	Grad	Meghan	F	94	
11	#11	Driedger	Marissa	F	91	
12	#12	Hicks	Alyssa	F	94	
13	#13	Shewchuk	Danielle	F	91	
14	#14	Clement	Amanda	F	94	
15	#15	Bote	Kaitlyn	F	94	
16	#16	Carnie	Kayla	F	92	
17	#17	Aebig	Stephanie	F	93	
18	#18	Williams	Kennedy	F	94	
19	#19	Beaurivage	Candina	F	94	

Team Staf										
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	ification *	E-mail Address
<input type="checkbox"/>	Coach									
<input type="checkbox"/>	Asst.Coach									
<input type="checkbox"/>	Asst. Coach									
<input type="checkbox"/>	Manager									
<input type="checkbox"/>	Trainer									

Level 1/2, CSI, CI, Managers Certification, First Aid Training or None if applicable



TEAM REGISTRATION FORM

Local Association: Regina Ringette			Team Name: Blitz			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"/> 30+			Home Color:	Green	Name:
					Away Color:	White	Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	11	Bray	Dawn	F	69	
2	13	Cheeseman	Audrey	F	88	
3	1	Clark	Dean	M	68	
4	17	Cursons	Sara	F	81	
5	4	Donnelly	Allison	F	86	
6	15	Jones	Tanya	F	72	
7	9	Knudsen	Cindy	F	71	
8	12	Kujawa	Pamela	F	61	
9	3	Lemoine	Julie	F	71	
10	10	Ostryzniuk	Linda	F	68	
11	16	Partyka	Jamie	F	87	
12	5	Reimer	Danielle	F	93	
13	8	Rein	Rhonda	F	68	
14	6	Robertson	Cheryl	F	74	
15						
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input checked="" type="checkbox"/>	Coach	Burgess	Chris	M
<input type="checkbox"/>	Asst. Coach			
<input type="checkbox"/>	Asst. Coach			
<input checked="" type="checkbox"/>	Manager	Cheeseman	Terri	F
<input checked="" type="checkbox"/>	Trainer	Lozinski	Jeremy	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: Misfits			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 type="checkbox"/> J12	<input type="checkbox"/> J14	<input type="checkbox"/> J16	<input type="checkbox"/> J19
<input checked="" 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	Birthdate		E-mail	
				Y			
1	2	Watch	Ruth	F		68	
2	3	Romanski	Jessica	F		93	
3	4	Watch	Jessie	F		89	
4	5	Tiefenbach	Carey	F		73	
5	6	Kathol	Erin	F		91	
6	7	Hinks	Jennifer	F		87	
7	8	Renner-Scott	Faye	F		71	
8	9	Dimen	Leah	F		93	
9	17	Pekrul	Deanna	F		81	
10	18	Hubrich	Deanna	F		73	
11	22	Mcfie	Kayla	F		92	
12	33	Kathol	Lorna	F		62	
13	44	Winter	Crystal	F		82	
14	55	Lechner-Rempel	Shawna	F		73	
15	63	Arndt	Becky	F		76	
16	88	Matchett	Niki	F		88	

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Watch	Daryl	M
<input type="checkbox"/>	Asst. Coach	Dimen	Brad	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

Local Association:			Team Name: Pumas			Primary Team Contact		
Level		Age Group - Please check one			Home Color:	Black		Name:
<input 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 type="checkbox"/> J16	<input type="checkbox"/> J19
<input checked="" type="checkbox"/> C			<input checked="" type="checkbox"/> 18+			<input type="checkbox"/> 30+		
					Away Color:	White		Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Y	City or	Postal	Phone	Birthdate	E-mail
1	3	Semeniuk	Shay	F	91				
2	4	O'Byrne	Danielle	F	81				
3	5	Standon	Nicki	F	90				
4	6	Stevens	Melissa	F	89				
5	7	Hone Best	Jen	F	85				
6	9	Novak	Leah	F	90				
7	13	Kuppenbender	Lindsay	F	85				
8	14	Surkan	Sarah	F	86				
9	17	Agar	Kelley	F	89				
10	18	Ross	Jaclyn	F	85				
11	19	Liggins	Shelby	F	93				
12	21	Surkan	Randi	F	85				
13	22	Johnston	Shanda	F	85				
14	33	Hone	Josh	M/F	92				
15		Winkler	Riki	F	95				
16									
17									
18									

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F	Address
<input checked="" type="checkbox"/>	Coach	Kuppenbender	Lindsay	F	6819 Mawson Avenue
<input checked="" type="checkbox"/>	Asst. Coach	Cameron	Sharon	F	
<input checked="" type="checkbox"/>	Asst. Coach	Surkan	Sarah	F	51-3101 Tregarva Drive
<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: 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"/> 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:	Red		Name:
					Away Color:	White		Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Y	City or	Postal	Phone	Birthdate	E-mail
1	16	Bissett	Darlene	F	69				
2	11	Carter	Crista	F	77				
3	10	Correia	Allison	F	93				
4	15	Davidson	Sherri	F	76				
5	6	Gienow	Donnette	F	76				
6	12	Gorkoff	Tonya	F	74				
7	7	Hill	Rhonda	F	76				
8	14	Jones	Gwenn	F	78				
9	19	Juba	Kaitlyn	F	92				
10	13	Knowles	Darcy	F	78				
11	2	MacCallum	Marnie	F	72				
12	8	Meston	Sheri	F	75				
13	5	Misko	Leesa	F	94				
14	4	Sebastian	Shauna	F	82				
15	1	Vibert	Lana	F	71				
16	18	Zora	Brittany	F	94				
17									
18									

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach			
<input type="checkbox"/>	Asst.Coach			
<input type="checkbox"/>	Asst. Coach			
<input checked="" type="checkbox"/>	Manager	Mitchell	Donna	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: Shooters			Primary Team Contact		
Level		Age Group - Please check one			Home Color:	Dark Blue	Name:	
<input 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 type="checkbox"/> J16	<input type="checkbox"/> J19
<input checked="" type="checkbox"/> C			<input checked="" type="checkbox"/> 18+	<input type="checkbox"/> 30+		Away Color:	White	Daytime Ph:

	Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
					Y		
1	2	Mooney	Shea	F	81		
2	3	Hicke	Karen	F	74		
3	4	Gorrill	Kahla	F	83		
4	5	Dumais	Karla	F	75		
5	6	Zimmerman	Lisa	F	77		
6	7	Leach	Candace	F	81		
7	8	McCormick	Laura	F	75		
8	9	Stephanson	Ardith	F	67		
9	11	Stone	Julie	F	81		
10	12	Malakoff	Michelle	F	79		
11	14	Mushumanski	Amanda	F	79		
12	16	King	Krista	F	80		
13	17	Freestone	Sabrina	F	85		
14							
15							
16							
17							
18							

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	McCormick	Laura	F
<input type="checkbox"/>	Asst.Coach	Mayer	Benji	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)