

TEAM REGISTRATION FORM



Local Association: Saskatoon

Team Name: Black Ice Cats

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"/> 30+	Home Color: _____ Away Color: _____	Name: _____ Daytime Ph: _____
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Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	E-mail
				Y	
1	Albert	Tobi	F	2006	
2	Banerd	Kylee	F	2006	
3	Correia	Ava	F	2007	
4	Giasson	McKenna	F	2005	
5	McCleary	Morgan	F	2008	
6	McMullen	Presley	F	2006	
7	Pesenti	Emilia	F	2007	
8	Schick	Janae	F	2005	
9	Spence	Becca	F	2007	
10	Umperville	Eve	F	2007	
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TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Correia	Michelle	F
<input type="checkbox"/>	Asst.Coach	Banerd	Gary	M
<input type="checkbox"/>	Asst. Coach			
<input type="checkbox"/>	Manager	McCleary	Tracy	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: Saskatoon		Team Name: Blue Diamonds		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"/> C		<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+			
				Away Color:	Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	E-mail
				Y	
1	Colborn	Cadence	F	2006	
2	Jackson-Buller	Camaro	F	2007	
3	Kennon	Maklyn	F	2006	
4	Koback	Shae	F	2006	
5	Olson	Amy	F	2007	
6	Poncelet	Shae-Lynne	F	2006	
7	Serhyenko	Aleyse	F	2007	
8	Serhyenko	Kovi	F	2006	
9	Thiessen	Jocelyn	F	2007	
10	Wolfe	Paige	F	2006	
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TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Wolfe	Tammie	F
<input type="checkbox"/>	Asst.Coach	Koback	Trevor	M
<input type="checkbox"/>	Asst. Coach			
<input type="checkbox"/>	Manager			
<input type="checkbox"/>	Trainer			

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

TEAM REGISTRATION FORM



Local Association: Saskatoon

Team Name: Ice Wolves

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"/> 30+	Home Color:		Name:	
		Away Color:		Daytime Ph:	

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	Ball	Spencer	F	2007		
2	Basko	Marlee	F	2008		
3	Colwell	Katelyn	F	2006		
4	Das	Jasmine	F	2006		
5	Fehr	Emily	F	2005		
6	Hills	Cora	F	2006		
7	Lessard	Ava	F	2006		
8	Lessard	Jadyn	F	2008		
9	Seto	Grace	F	2005		
10	Skutelnik	Christian	F	2006		
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TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Adamus-Lessard	Crystal	F
<input type="checkbox"/>	Asst.Coach	Howe	Jessica	F
<input type="checkbox"/>	Asst. Coach			
<input type="checkbox"/>	Manager	Colwell	Kim	F
<input type="checkbox"/>	Trainer	Hills	Chad	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: Saskatoon

Team Name: Huskies

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"/> 30+	Home Color: _____ Away Color: _____	Name: _____ Daytime Ph: _____
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Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	E-mail
				Y	
1	Hunter	Danica	F	2006	
2	LaBelle	Vivianna	F	2008	
3	Marien	Adeline	F	2006	
4	Nochowny	Teagan	F	2007	
5	Olsen	Kiera	F	2006	
6	Reimer	Kaysie	F	2007	
7	Semchyshen	Ashlie	F	2009	
8	Southam	Danee	F	2007	
9	Thomas	Sophia	F	2005	
10	Wesolowski	Sidney	F	2007	
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TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Semchyshen	Richard	M
<input type="checkbox"/>	Asst.Coach	West	Nicole	F
<input type="checkbox"/>	Asst. Coach	Reimer	Derek	
<input type="checkbox"/>	Manager	Carter	Lori	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: Saskatoon

Team Name: Lightning Boltz

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"/> C	<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	Birthdate	E-mail
				Y	
1	Burgess	Payton	F	2004	
2	Fauvelle	Gwen	F	2005	
3	Mawson	MacKenzie	F	2005	
4	McCormack	Gemma	F	2005	
5	Norum	Kenley	F	2005	
6	Pardy	Abigail	F	2005	
7	Rose	Olivia	F	2005	
8	Sanders	Meagan	F	2004	
9	Topping	Meg	F	2005	
10	Zentner	Ella	F	2004	
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TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Burgess	Terry	F
<input type="checkbox"/>	Asst.Coach	Dacey	Sarah	F
<input type="checkbox"/>	Asst. Coach	Hellquist	Sean	M
<input type="checkbox"/>	Asst. Coach	Zentner	Keith	M
<input type="checkbox"/>	Manager	Zentner	Rachelle	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: Saskatoon		Team Name: Ringers		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"/> 18+ <input type="checkbox"/> 30+		Home Color:	
		Away Color:		Name:	
				Daytime Ph:	

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	Dowling	Shalayne	F	2004		
2	Dumonceaux	Natalie	F	2004		
3	Fast	Taryn	F	2004		
4	Herperger	Rachel	F	2005		
5	Janzen	Ava	F	2005		
6	Krienke	Reese	F	2004		
7	Matisz	Leyna	F	2004		
8	Scopick	Kennedy	F	2004		
9	Stianson	Liv	F	2004		
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TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Fast	Travis	M
<input type="checkbox"/>	Asst.Coach	Matisz	Brian	M
<input type="checkbox"/>	Asst. Coach	Anderson	Kristin	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: Saskatoon

Team Name: Ice Bullets

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"/> 18+ <input type="checkbox"/> 30+	Home Color: _____ Away Color: _____	Name: _____ Daytime Ph: _____
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Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	E-mail
				Y	
1	Ball	Cassidy	F	2004	
2	Grimmard	Karley	F	2004	
3	Helstrom	Hannah	F	2004	
4	Hills	Randa	F	2004	
5	Mutch	Naomi	F	2005	
6	Obst	Morgan	F	2005	
7	Waddell	Hannah	F	2004	
8	Weiland	Avery	F	2005	
9	Willis	Rebekah	F	2004	
10	Perry	Peyton	F	2004	
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TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Weiland	Tricia	F
<input type="checkbox"/>	Asst. Coach	Obst	Wade	M
<input type="checkbox"/>	Asst. Coach	Hills	Chad	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: Saskatoon

Team Name: Bulldogs

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"/> 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	Kinar	Jordan	F	2004	
2	Koback	Ashlyn	F	2004	
3	Lissel-DeCorby	Elsa	F	2004	
4	Lockyer	Brooklyn	F	2004	
5	McCrae	Jetta	F	2006	
6	Nordmarken	Teya	F	2004	
7	Page	Jorja	F	2005	
8	Quail	Jaylynn	F	2004	
9	Spence	Abby	F	2004	
10	Thompson	Raelyn	F	2005	
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TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	McCrae	Scott	M
<input type="checkbox"/>	Asst.Coach	Thompson	Candi	F
<input type="checkbox"/>	Asst. Coach	Page	Al	M
<input type="checkbox"/>	Manager			
<input type="checkbox"/>	Trainer			

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TEAM REGISTRATION FORM



Local Association: Saskatoon

Team Name: Roar

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: _____	Name: _____ Daytime Ph: _____
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Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	E-mail
				Y	
1	Barsi	Arieanna	F	2003	
2	Hahn	Mykelti	F	2002	
3	Hinz	Alyssa	F	2002	
4	Kutney	Halle	F	2002	
5	Mercredi	Sydney	F	2003	
6	Pendelbury	Jailynn	F	2002	
7	Penman	Victoria	F	2003	
8	Prokop	Nicole	F	2003	
9	Unrau	Bailey	F	2003	
10	Voykin	Jordyn	F	2002	
11	White	Brianna	F	2002	
12	Zentner	Beth	F	2002	
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TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Kutney	Karen	F
<input type="checkbox"/>	Asst.Coach	Voykin	JR	M
<input type="checkbox"/>	Asst. Coach			
<input type="checkbox"/>	Manager	Zentner	Rachelle	F
<input type="checkbox"/>	Trainer	Hahn	Shannon	F

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TEAM REGISTRATION FORM



Local Association: Saskatoon

Team Name: 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: _____	Name: _____ Daytime Ph: _____
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Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	E-mail
				Y	
1	Britton	Shea	F	2003	
2	Gherasim	Kaylee	F	2003	
3	Gray	Kennedy	F	2002	
4	McHarg	Ashley	F	2003	
5	Mutch	Annika	F	2002	
6	Nachowny	Skyler	F	2003	
7	Oleksyn	Paris	F	2003	
8	O'Reilly	Lauren	F	2002	
9	Pearson	Brooklyn	F	2002	
10	Purdy	Maiya	F	2003	
11	Skutelnik	Rebecca	F	2003	
12	Wozniak	MacKenzie	F	2003	
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TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Oleksyn	Corey	M
<input type="checkbox"/>	Asst.Coach	Britton	Tim	M
<input type="checkbox"/>	Asst. Coach	West	Nicole	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: Saskatoon		Team Name: Zoom		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:		Name:	
				Daytime Ph:	

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	Atherton-Reimer	Isabel	F	2003		
2	Byers	Gina	F	2003		
3	Campbell	Icic	F	2002		
4	Duret	Brittney	F	2002		
5	Kushniruk	Makena	F	2003		
6	Leason	Kennedi	F	2003		
7	Mawson	Halle	F	2002		
8	Reed	Meadow	F	2003		
9	Schwab	Payten	F	2003		
10	Semchyshen	Leah	F	2003		
11	Trask	Madison	F	2003		
12	Vandale	Ayshia	F	2002		
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TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Trask	Tasha	F
<input type="checkbox"/>	Asst.Coach	Duret	Norm	M
<input type="checkbox"/>	Asst. Coach	Kushniruk	Russ	M
<input type="checkbox"/>	Manager	Irlbeck Vandale	Maureen	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: Saskatoon

Team Name: Nightmare

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: 	Name:
		Away Color: 	Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	Birthdate		E-mail
					Y		
1	Bremner	Alexandra	F	1702 Cairns Avenue	2003		
2	Dale	Sierra	F	103 Galbraith Crescent	2003		
3	Ducharme	Jordyn	F	406 Buckwold Cove	2003		
4	Gibson	Madison	F	1951 Coy Avenue	2003		
5	Gibson	Kaily	F	1951 Coy Avenue	2003		
6	Hanson	Taylor	F	106 Wright Crescent	2002		
7	Klemecki	Tehya	F	330 Sumner Lane	2003		
8	Linklater	Ava	F	122 Flegel Court	2002		
9	Peterson	Baylie	F	Box 157	2003		
10	Read	MacKenzie	F	Box 757	2002		
11	Schultz	Tegan	F	1622 Thompson Avenue	2003		
12	Smith	Chloe	F	426 Pobran Court	2002		
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TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Ducharme	Carrie	F
<input type="checkbox"/>	Asst.Coach	Peterson	Terri	F
<input type="checkbox"/>	Asst. Coach			
<input type="checkbox"/>	Manager	Klemecki	Loni	F
<input type="checkbox"/>	Trainer			

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TEAM REGISTRATION FORM



Local Association: Saskatoon

Team Name: Attack

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:	Name:
		Away Color:	Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	Birthdate		E-mail
					Y		
1	Fleury	Keala	F	382 Parklands Road	2002		
2	Fleury	Maya	F	382 Parklands Road	2002		
3	Folk	Lauren	F	258 Beechmont Crescent	2002		
4	Fox	Audrey	F	810 Emmeline Road	2003		
5	Gulka	Mary	F	150 Flegel Court	2002		
6	Henry	Alli	F	206 Poth Crescent	2002		
7	Irvine	Kallie	F	234 Bronson Way	2002		
8	Johnson	Morgan	F	135 West Hampton Blvd	2003		
9	McCrae	Annika	F	1518 Shannon Crescent	2002		
10	Page	Tia	F	315 Emmeline Road	2003		
11	Pickerl	Ashley	F	743 Redberry Road	2003		
12	Reimer	Jaymie	F	604 - 145 Sandy Court	2003		
13	Strasser	Kaylee	F	Box 641	2003		
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TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Page	Al	M
<input type="checkbox"/>	Asst.Coach	McCrae	Scott	M
<input type="checkbox"/>	Asst. Coach			
<input type="checkbox"/>	Manager			
<input type="checkbox"/>	Trainer			

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

TEAM REGISTRATION FORM



Local Association: Saskatoon

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 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: _____
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Uniform #	Player's Surname	Given Name	Sex M/F	Mailing Address	Birthdate		E-mail
					Y		
1	Angelstad	Teah	F	247 Stepney Crescent	2001		
2	Biever	Jenna	F	403 Sears Cove	2000		
3	Bremner	Madison	F	1702 Cairns Avenue	2000		
4	Burgess	Jadyn	F	218 Bronson Way	2001		
5	Deg	Desirae	F	Box 786	2001		
6	Graf	Taryn	F	707 Greaves Crescent	2001		
7	Knelsen	Raeden	F	226 Avenue J North	2001		
8	Krienke	Ryan	F	24 Cathedral Bluffs Road	2000		
9	Lucas	Laila	F	812 110 Shillington Cres	2000		
10	McCrae	Tessa	F	1518 Shannon Crescent	2000		
11	Steen	Brianne	F	125 515 McWillie Avenue	2000		
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TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Burgess	Terry	F
<input type="checkbox"/>	Asst.Coach	Dacey	Sarah	F
<input type="checkbox"/>	Asst. Coach	Angelstad	Elwood	M
<input type="checkbox"/>	Manager	Lemke	Monica	F
<input type="checkbox"/>	Trainer	Biever	Dwayne	M

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TEAM REGISTRATION FORM



Local Association: Saskatoon

Team Name: Force

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:	Name:
	Away Color:	Daytime Ph:	

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	E-mail
				Y	
1	Chowns	Abby	F	2001	
2	Herperger	Julia	F	2000	
3	Keller	Jessica	F	2001	
4	Keller	Taylor	F	2001	
5	Lewis	Cleo	F	2001	
6	Pulock	Shaelynn	F	2000	
7	Rock	Madison	F	2000	
8	Winslow	Danielle	F	2000	
9	Young	Kendall	F	2000	
10	Zaritzky	Madison	F	2000	
11	Zenkewich	Brooklyn	F	2000	
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TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Keller	Greg	M
<input type="checkbox"/>	Asst.Coach	Scott	Haley	F
<input type="checkbox"/>	Asst. Coach	Zaritzky	Jonathan	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: Saskatoon

Team Name: Xtreme

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"/> 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	Birthdate	E-mail
				Y	
1	Atherton-Reimer	Olivia	F	2000	
2	Fast	Camryn	F	2001	
3	Barilla	Paige	F	2000	
4	Kruger	Lexi	F	2002	
5	Kruger	Madisyn	F	2001	
6	Lissel-DeCorby	Aida	F	2001	
7	Nilson	Faith	F	2000	
8	Steckler	Breann	F	2000	
9	Strasser	MacKenna	F	2000	
10	Turner	Rachel	F	2001	
11					
12					
13					
14					
15					
16					
17					
18					

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Atherton	Carla	F
<input type="checkbox"/>	Asst.Coach	DeCorby	John	M
<input type="checkbox"/>	Asst. Coach	Volk	Corey	M
<input type="checkbox"/>	Manager	Steckler	Bill	M
<input type="checkbox"/>	Trainer	Hyrhor	Camey	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: Saskatoon

Team Name: Nitro

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: 	Name:
		Away Color: 	Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
					Y	
1	Erickson	Sienna	F		2001	
2	Farn	Amanda	F		2000	
3	Fink	Paige	F		2001	
4	Gamble	Jade	F		2001	
5	Kliewer	Maya	F		2000	
6	Lieffers	Ellie	F		2001	
7	Moroz	Taylor	F		2000	
8	Postras	Jaiden	F		2001	
9	Strueby	Greta	F		2001	
10	Trask	Brooklyn	F		2000	
11	Weisgerber	Lauren	F		2000	
12						
13						
14						
15						
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Trask	Tasha	F
<input type="checkbox"/>	Asst.Coach	Weisgerber	Keith	M
<input type="checkbox"/>	Asst. Coach	Britz	Erin	F
<input type="checkbox"/>	Manager	Kliewer	Lindsey	F
<input type="checkbox"/>	Trainer	Kliewer	Rob	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: Saskatoon		Team Name: Saints		Primary Team Contact	
Level <input checked="" 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	Birthdate		E-mail
				Y		
1	Abrook	Jaden	F	2000		
2	Afseth	Kali	F	2000		
3	Blomquist	Sarah	F	2002		
4	Derkachenko	Taylor	F	2001		
5	Galloway	Kendra	F	2001		
6	Hetherington	Peyton	F	2000		
7	Hondros	Chloe	F	2000		
8	Isbister	Sydney	F	2000		
9	Janzen	MacKenzie	F	2001		
10	Parent	Emalie	F	2000		
11	Power	Erika	F	2001		
12	Power	Jillian	F	2001		
13	Yanz	Jenna	F	2000		
14						
15						
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Sielski	Samantha	F
<input type="checkbox"/>	Asst. Coach	Mitchell	Kelsey	F
<input type="checkbox"/>	Asst. Coach	Hetherington	Mark	M
<input type="checkbox"/>	Manager	Hetherington	Nadine	F
<input type="checkbox"/>	Trainer	Blomquist	Brock	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: Saskatoon

Team Name: Venom

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"/> 30+	Home Color: _____ Away Color: _____	Name: _____ Daytime Ph: _____
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Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	Baetz	Jocelyn	F	99		
2	Daku	Ashley	F	98		
3	Denusuik	Kelsey	F	98		
4	Duret	Kaylyn	F	99		
5	Erickson	Destiny	F	99		
6	Irvine	Brooklyn	F	98		
7	Kreuzwieser	Kennedy	F	99		
8	Pederson	Kaila	F	98		
9	Robles	Renee	F	99		
10	Semchyshen	Lauren	F	99		
11	Skutelnik	Sarah	F	99		
12	Smith	Alex	F	99		
13	Sparks	Julianna	F	99		
14	Wiebe	Erin	F	99		
15	Williams	Delynn	F	99		
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Pederson	Rob	M
<input type="checkbox"/>	Asst.Coach	Spinney	Amanda	F
<input type="checkbox"/>	Asst. Coach	Duret	Norm	M
<input type="checkbox"/>	Manager	Skutelnik	Jocelyn	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: Saskatoon

Team Name: Maniacs

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"/> 30+	Home Color: _____ Away Color: _____	Name: _____ Daytime Ph: _____
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Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	Adair	Kaylee	F	99		
2	Adair	Kelsey	F	99		
3	Byers	Clela	F	99		
4	Gibson	Josie	F	99		
5	Grover	Rhiannon	F	99		
6	Joyce	Shay	F	99		
7	Lizuck	Hannah	F	99		
8	Lukenoff	Alexandra	F	99		
9	Madsen	Kylie	F	99		
10	Matiko	Sophia	F	99		
11	McCulloch	Brianne	F	99		
12	Pizzey	Akasia	F	98		
13	Rieder	Brynn	F	99		
14	Smith	Cassandra	F	98		
15	Tilk	Erin	F	99		
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Rieder	Barry	M
<input type="checkbox"/>	Asst. Coach	Osatchoff	Christina	F
<input type="checkbox"/>	Asst. Coach	Adair	Devin	M
<input type="checkbox"/>	Manager	Smith	Rachelle	F
<input type="checkbox"/>	Trainer	Rieder	Grace	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: Saskatoon

Team Name: Blaze

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 checked="" type="checkbox"/> J16 <input type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+	Home Color: _____ Away Color: _____	Name: _____ Daytime Ph: _____
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Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	Demchenko	Eleanor	F	99		
2	Galloway	Chelsea	F	99		
3	Gyorfi	Mikayla	F	98		
4	Kuntz	Presley	F	99		
5	McAdam	Kylah	F	98		
6	Pankiw	Laura	F	99		
7	Penner	Victoria	F	99		
8	Rowsell	Alexis	F	99		
9	Sauer	Katie	F	98		
10	Schentag	Cassidy	F	99		
11	Schentag	McKenna	F	99		
12	Steinbach	Alexandria	F	99		
13	Targerson	Kelsey	F	99		
14	Targerson	Sydney	F	99		
15						
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Galloway	Duane	M
<input type="checkbox"/>	Asst.Coach	Schentag	Randy	M
<input type="checkbox"/>	Asst. Coach	Galloway	Pam	F
<input type="checkbox"/>	Asst. Coach	McAdam	Terry	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: Saskatoon	Team Name: Selects	Primary Team Contact	
Level <input checked="" 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 type="checkbox"/> J14 <input checked="" 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	Adair	Carly	F	98		
2	Blomquist	Erin	F	98		
3	Bly	Gaby	F	98		
4	Cenaiko	Sydney	F	99		
5	Davison	Kelly	F	99		
6	Evenson	Karley	F	99		
7	Fleming	Ashley	F	99		
8	Kuan	Maija	F	98		
9	Lorenz	Taylor	F	98		
10	Lucas	Dana	F	99		
11	Marion	Teagan	F	98		
12	Page	Sierra	F	99		
13	Ryan	Madison	F	98		
14	Saphiea	Dana	F	99		
15	Tornato	Shelby	F	98		
16	Uhryn	Shayna	F	98		
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Brown	Kim	F
<input type="checkbox"/>	Asst.Coach	Cumpstone	Erin	F
<input type="checkbox"/>	Asst. Coach	Lorenz	Devin	M
<input type="checkbox"/>	Asst. Coach	Livingstone	Torri	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: Saskatoon

Team Name: Momentum

Primary Team Contact

Level

- AA A B
 C

Age Group - Please check one

- J9 J10 J12 J14 J16 J19
 18+ 30+

Home Color:

Away Color:

Name:

Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	Biletski	Krista	F	97		
2	Craig	Kailey	F	96		
3	Fedoruk	Madison	F	97		
4	Goodman	Danielle	F	96		
5	Hoban	Renee	F	95		
6	Jensen	Jaeleene	F	96		
7	King	Kaitlyn	F	96		
8	Neveu	Brooklyn	F	95		
9	Pankiw	Alycia	F	96		
10	Pottinger	Hannah	F	97		
11	Ryan	Sydney	F	96		
12	Spence	Paige	F	97		
13	Stalker	Sabrina	F	97		
14	Levine	Nicole	F	97		
15						
16						
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Jensen	Don	M
<input type="checkbox"/>	Asst.Coach	Goodman	Dave	M
<input type="checkbox"/>	Asst. Coach	King	Brenda	F
<input type="checkbox"/>	Manager	Pankiw	Anita	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: Saskatoon

Team Name: Warriors

Primary Team Contact

Level

- AA A B
 C

Age Group - Please check one

- J9 J10 J12 J14 J16 J19
 18+ 30+

Home Color:

Away Color:

Name:

Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	E-mail
				Y	
1	Belyk	Rachelle	F	96	
2	Duquette	Shayla	F	96	
3	Fotheringham	Clare	F	96	
4	Fotheringham	Meg	F	96	
5	Hondros	Kailee	F	97	
6	Klein	Sarah	F	97	
7	Krzak	Kaitlin	F	97	
8	Larson	Allison	F	95	
9	Matheson	Kendall	F	97	
10	Sapieha	Micaela	F	97	
11	Sparks	Sarah	F	97	
12	Stupak	Caitlyn	F	97	
13	Horne	Nikki	F	97	
14					
15					
16					
17					
18					

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Belyk	Rob	M
<input type="checkbox"/>	Asst.Coach	Sparks	Kevin	M
<input type="checkbox"/>	Asst. Coach			
<input type="checkbox"/>	Manager	Fotheringham	Janine	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: Saskatoon

Team Name: Blazers

Primary Team Contact

Level <input checked="" 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 type="checkbox"/> J14 <input type="checkbox"/> J16 <input checked="" type="checkbox"/> J19 <input type="checkbox"/> 18+ <input type="checkbox"/> 30+	Home Color: _____ Away Color: _____	Name: _____ Daytime Ph: _____
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Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate	E-mail
				Y	
1	Barrett	Jayne	F	95	
2	Bowman	Jessica	F	95	
3	Bridges	Taylor	F	97	
4	Cale	Tayla	F	97	
5	Chrun	Mackenzie	F	96	
6	Hetherington	Rachel	F	96	
7	Janzen	Heather	F	96	
8	Kretzer	Haley	F	96	
9	McNeill	Kayliegh	F	95	
10	Pearson	Madison	F	96	
11	Pullock	Chantelle	F	96	
12	Steinbach	Brooklyn	F	95	
13	Waldner	Danielle	F	96	
14	Wallin	Kirsten	F	96	
15	Wiebe	Jessica	F	97	
16					
17					
18					

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Schell	Courtney	F
<input type="checkbox"/>	Asst.Coach	Hetherington	Mark	M
<input type="checkbox"/>	Asst. Coach	McTavish	Amy	F
<input type="checkbox"/>	Manager	Wallin	Terry	M
<input type="checkbox"/>	Trainer	Glow	Shaylyn	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: Saskatoon		Team Name: Wild		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: _____ Away Color: _____	
		Name: _____		Daytime Ph: _____	

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	Brockman	Melanie	F	82		
2	Brown	Kim	F	81		
3	Correia	Michelle	F	77		
4	Cumpstone	Erin	F	80		
5	Donahue	Bailey	F	85		
6	Feehan	Laura	F	85		
7	Gordon	Tuk	M	90		
8	Kaminski	Tatianna	F	91		
9	Klemp	Jordan	F	93		
10	Lacelle	Erin	F	84		
11	Livingstone	Ashtyn	F	93		
12	Livingstone	Tori	F	90		
13	McKnight	Kristy	F	83		
14	Mountford	DJ	F	88		
15	Ritchie	Michelle	F	90		
16	Sielski	Samantha	F	86		
17	Spinney	Amanda	F	84		
18	Walker	Brittany	F	93		

TEAM STAFF										
	List max. of 5	Surname	Given Name	M/F	Address	City	P/Code	Phone	Certification *	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									

*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: Saskatoon

Team Name: Smash

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: _____ Away Color: _____	Name: _____ Daytime Ph: _____
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Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	Anderchek	Amanda	F	91		
2	Cenaiko	Jacqueline	F	91		
3	Cenaiko	Shannon	F	93		
4	Dogniez	Jamie	F	89		
5	Dogniez	Leslie	F	92		
6	Gartner	Molly	F	91		
7	Hopper	Lauren	F	90		
8	Hopper	Lindsey	F	94		
9	Kopp	Talyssa	F	91		
10	Kopp	Torie	F	94		
11	Maduck	Gabby	F	92		
12	McTavish	Amy	F	91		
13	Miller	Kelcey	F	94		
14	Mitchelle	Kelsey	F	89		
15	Nimme	Alanna	F	94		
16	Soron	Jenn	F	91		
17	Uhryn	Brianne	F	92		
18	Zimmer	Stephanie	F	93		

TEAM STAFF

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

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

TEAM REGISTRATION FORM



Local Association: Saskatoon

Team Name: Will-Nots

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"/> 30+	Home Color: 	Name:
		Away Color: 	Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	Abel	Erin	F	92		
2	Dafoe	Morgan	F	87		
3	Gelinas	Leah	F	88		
4	Glow	Shay	F	89		
5	King	Bryanna	F	89		
6	McKay	Terlynn	F	89		
7	Merritt	Allysha	F	88		
8	Mudrey	Keagen	F	89		
9	Purcell	Erin	F	79		
10	Reid	Danielle	F	85		
11	Reynolds	Bryden	M	96		
12	Sharp	Karmyn	F	88		
13	Ulch	Natasha	F	87		
14	Hetherington	Madison	F	94		
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									
<input type="checkbox"/>	Asst.Coach									
<input type="checkbox"/>	Asst. Coach									
<input type="checkbox"/>	Manager									
<input type="checkbox"/>	Trainer									

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

TEAM REGISTRATION FORM



Local Association: Saskatoon

Team Name: Shock

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"/> 30+	Home Color: _____ Away Color: _____	Name: _____ Daytime Ph: _____
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Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	Braun	Nikki	F	87		
2	Britz	Erin	F	93		
3	Eastman	Nicole	F	93		
4	Elmgren	Charmaine	F	87		
5	Hart	Melissa	F	79		
6	Kuntz	Renee	F	67		
7	Melis	Michelle	F	78		
8	Mowat	Rachel	F	85		
9	Norton-Byers	Chantel	F	89		
10	Norton-Byers	Kody	M	91		
11	Norton-Byers	Kristine	F	86		
12	Richels	Brittnee	F	93		
13						
14						
15						
16						
17						
18						

TEAM STAFF

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

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

TEAM REGISTRATION FORM



Local Association: Saskatoon

Team Name: Blues

Primary Team Contact

Level

- AA A B
 C

Age Group - Please check one

- J9 J10 J12 J14 J16 J19
 18+ 30+

Home Color:

Name:

Away Color:

Daytime Ph:

Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	Braun	Jennie	F	85		
2	Depatie	Vanessa	F	93		
3	Deren	Bre	F	84		
4	Ens	Terri	F	85		
5	Kapiniak	Chelsea	F	86		
6	Kies	Deborah	F	73		
7	Leier	Brittany	F	89		
8	Lesko	Jaclyn	F	87		
9	Napper	Lindsey	F	87		
10	Reghr	Liana	F	87		
11	Ring	Ailya	F	83		
12	Skopyk	Dawn	F	85		
13	Smith	Brittany	F	89		
14	Stoecklein	Heidi	F	93		
15	Temple	Hannah	F	93		
16	Vogt	Christine	F	87		
17	Wicks	Chelsea	F	93		
18	Wist	Jennifer	F	87		

TEAM STAFF

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

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

TEAM REGISTRATION FORM



Local Association: Saskatoon

Team Name: Chargers

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: _____ Away Color: _____	Name: _____ Daytime Ph: _____
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Uniform #	Player's Surname	Given Name	Sex M/F	Birthdate		E-mail
				Y		
1	Brown	Shardelle	F	73		
2	Cheston	Marla	F	89		
3	Cheston	Tanis	F	90		
4	Dmytriw	Kayla	F	88		
5	Ford	Cass	M	90		
6	Hay	Kristin	F	72		
7	Hellquist	Sean	F	90		
8	Kellins	Nicole	F	88		
9	Kutney	Karen	F	80		
10	Letts	Robyn	F	88		
11	Luhnig	Shelly	F	75		
12	Pettapiece	Stacy	F	75		
13	Sideroff	Lani	F	77		
14	Stadnyk	Jennie	F	91		
15	West	Nicole	F	72		
16	Wist	Karista	F	77		
17						
18						

TEAM STAFF

	List max. of 5	Surname	Given Name	M/F
<input type="checkbox"/>	Coach	Ford	Anne	F
<input type="checkbox"/>	Asst.Coach	Burgess	Terry	F
<input type="checkbox"/>	Asst. Coach			
<input type="checkbox"/>	Manager	Gordon	Deanna	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)