Active Roster List

www.hockeyhno.com
Ph: 807-623-1542 Fax: 807-623-0037
Email: jfetter@hockeyhno.com

To be completed by: Junior A, B & Senior Teams

Team Name: _____ League: _____ Category: _____

Circle one: December 1st January 10th February 10th

	Player's Name	Birth Date	Position	Import
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Team Officials

	Name	Position	Birth Date
1			
2			
3			
4			
5			

****IMPORTANT**** This form must be received by the HNO office by 7pm on the cutdown day. Team cut downs include combined used and unused player certificates.
INCOMPLETE FORMS WILL BE RETURNED. FAILURE TO ABIDE BY HNO REGULATIONS MAY RESULT IN SANCTIONS.

Team Signature: _____

FOR OFFICE USE ONLY:

HNO Authorization: _____ Date Received: _____