

DELCO SCHOOL HOCKEY LEAGUE

PRELIMINARY ROSTER

2020-21 Season

Club Name: _____

Level: Elementary _____
 Middle School no-check 5-8th _____
 Middle School check 7-8th _____

Head Coach _____
 Asst Coach _____
 Manager _____

Other (add'l coach, club preseedent, etc.) _____

| First | Last | Phone # | Email Address |
|-------|------|---------|---------------|
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- 20

| First | Last | Grade | DOB | Full Address | Elementary or Middle | Travel Hockey | | Notes |
|-------|------|-------|-----|--------------|----------------------|---------------|-------|-------|
| | | | | | School Attending | Club Name | Level | |
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Note: PLEASE fill in ALL requested information. If the child does not play travel, put NT. Example of Notes: Goalie, Handicapped, Special Needs, Non-Pure Player, etc.
ONLY FILL IN THE "PRELIMINARY ROSTER" TAB