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| **STIEFEL HOCKEY - FALL 2019 - TEAM ROSTER** | | | |
| **TEAM NAME** | |  | |
| **Team Captain (Name/Phone)** | |  | |
| **Division A/B/C (if your team is mostly beginners, please note)** | |  | |
| **Games will be played Sunday and Wed. In case of cancellation. The Thursday following will be used to make up games.** | |  | |
| **Team Color (First/Second Choice)** | |  | |
| League Begins on/around August 28th, League fees are $50 per player and each roster must have a minimum of 6 paid players | | | |
| Questions to Caleb Cragle 724-971-0311; Email: stiefelhockey@gmail.com | | | |
| **#** | **PLAYER'S NAME** | **Contact #** | Paid |
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