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| **STIEFEL HOCKEY - SUMMER 2019 - TEAM ROSTER** | | | |
| **TEAM NAME** | |  | |
| **Team Captain (Name/Phone)** | |  | |
| **Division A/B/C (if your team is mostly beginners, please note)** | |  | |
| **Days Available (games will be Sunday/Wednesday/Thursday)** | |  | |
| **Team Color (First/Second Choice)** | |  | |
| League Begins on/around May 29th, League fees are $65 per player and each roster must have a minimum of 6 paid players | | | |
| Questions to Caleb Cragle 724-971-0311; Kevin Boariu 724-971-4600; Email: stiefelhockey@gmail.com | | | |
| **#** | **PLAYER'S NAME and Phone Number** | **County (Important)** | **Paid** |
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