Sturgeon Heights Community Centre
Winter Carnival & Hockey Tournament
February 6th to February 12th

Team Name: _____

Age Category: 5/6 7/8

Sweater Colors: _____

Coach:	Contact:
Asst Coach:	Phone/Cell:
Manager:	Email:

Roster (please print)

No.	Name

Please make cheques payable to Sturgeon Heights Community Centre

Send cheques to: Kurt Gottfried, 249 Rita Street, Wpg, MB, R3J 2Y3