TEAM ROSTER

To assist us with the preparation of the 2008 Provincial Championship Program & Game Sheets, please complete the following roster form and return **by March 24th** to: OWHA PROVINCIALS**,**
Fax (905) 282-9982 or **info@owha.on.ca** or #3-5155 Spectrum Way, Mississauga, Ontario L4W 5A1

(Please Print)

Division & Category (i.e. Novice BB)**:** _____ **OWHA Team #:** _____

Centre & Nickname: _____

Team Contact: _____ **Phone: (** **)** _____

E-mail: _____ **Fax: (** **)** _____

Uniform Colours: (Home) _____ **(Away)** _____

Please complete the enclosed Team Roster complete with sweater numbers, captain, alternates and staff.

Please forward to the OWHA office as soon as your team has qualified for the Provincial Championship and no later than March 24th. It is your responsibility to ensure the information is accurate.

*The information collected will be used for game sheets, event program, OWHA website, roster verification, press releases, discipline, eligibility and other purposes related to the operations of the Provincial Championships and the OWHA. It is imperative that everyone whose name appears on the roster is aware of and agrees to the sharing of this information for these purposes. In order to be eligible for participation in this championship, a participant's name must appear on the list below, on the appropriate game sheets and be eligible in accordance with rules & regulations. All participants must also agree to follow all rules, regulations and the OWHA Code of Conduct. If a participant does not wish their name to be published in the event program and on the OWHA web site please have them initial on the roster chart in the "Opt-Out" column beside their name.

Participants are asked to put a check mark in the "OPT-OUT" box beside their name if they DO NOT wish to have their name appear in the event program or OWHA website.

Please Print

PLAYER ROSTER

Swtr #	Surname	First	**G/C/A	Optional "OPT-OUT" as per above *
				❑
				❑
				❑
				❑
				❑
				❑
				❑
				❑
				❑
				❑
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				❑
				❑
				❑
				❑
				❑
				❑
				❑
				❑

** Please designate your **Goalies (G)** **Captain (C)** **Alternates (A)**

TEAM STAFF

Position (i.e. Coach, Trainer)	Surname	First	Cert # (HTCP, NCCP)	Optional "OPT-OUT" as per above *
				❑
				❑
				❑
				❑
				❑

Date _____ Team Official's Name (Please print) _____ Team Official's Signature _____

By signing this form, the Team Official on behalf of his/her team, confirms that their team is abiding by the OWHA Constitution, By-Laws, Regulations & Rules and that all the criteria have been met and that proof of same will be available at all Provincial games.