



TEAM ROSTER/CALIBRE FORM

(Please print and complete this form, and submit with your application)

TEAM NAME: _____

TEAM REP: _____

In an effort to place your team in the most appropriate division, you are requested to provide the requested information about your players, as per “NOTES” below:

NOTE: (1) Completion of the column “**Highest Level of Hockey Played**” column is **required** for all new and returning players.

(2) This roster list can be up-dated prior to the beginning of the season.

(3) All players listed on the team roster will be required to submit electronically the “**Online Players Registration/Waiver Form**” prior to the first game of the season. The online form will be posted on the Travellers Web Site prior to the beginning of the season.

	NAME (Please print)	AGE	POS.	HIGH LEVEL OF HOCKEY PLAYED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
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19.				