



Northern First Nations Hockey

97 First Avenue
 Sioux Lookout, ON P8T 1G3
 Cell (807) 737-9796
 Fax (807) 737-1208

Team Roster

First Nation: _____

Team Name: _____

Manager: _____

Coach: _____

Name of Player	F.N. Membership #	Position	Sweater #
1.			
2.			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19		Goalie	
20		Goalie	

Registration Date: _____ Manager / Coach _____

1st Game Sheet Final Roster Verified by: Coach _____ Coordinator _____

Date: _____

**** Each team must identify players who are age 15, 16, and 17. All team members are required to sign a waiver form. Use the same sweater number for each player.**