



# 2020 TEAM ROSTER FORM

**USA HOCKEY  
SOUTHEASTERN  
DISTRICT  
TOURNAMENT  
CHAMPIONSHIP**



**Please email the completed form to:**

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Team Name: \_\_\_\_\_

Representing which Affiliate?  CAHA  PVAHA  SAHA  SAHOF

Age Classification: Tier I Youth:  14U  15 Only  16U  18U

Tier II Girls:  14U  16U  19U

Women's:  B  C

*Give first and last names for all players and team officials. Do not use nicknames. Note captain and alternates(s) in C/A column. List players in numerical order.*

Jersey Number	Last Name	First Name	C/A	Position
1				Goaltender
2				Goaltender
3				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
4				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
5				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
6				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
7				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
8				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
9				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
10				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
11				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
12				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
13				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
14				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
15				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
16				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
17				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
18				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
19				<input type="checkbox"/> Fwd <input type="checkbox"/> Def
20				<input type="checkbox"/> Fwd <input type="checkbox"/> Def

	Name	CEP#	Lvl	Phone	Email
HC					
AC					
AC					
AC					
Mgr.					

**Each Youth or Girls team is required to provide locker room monitors whenever players occupy the locker room.**