Quest X Charity Adult Hockey Tournament

OFFICIAL ROSTER AND WAIVER & RELEASE OF LIABILITY SIGNATURE FORM

DIVISION: _____ TEAM NAME: _____ PRIMARY JERSEY COLOR: _____

CAPTAIN NAME: _____ DEPOSIT / FEES PAID: _____

NOTE: DO NOT SIGN OR DATE UNTIL TOURNAMENT CHECK-IN REMAINING FEES OWED: _____

EMAIL THIS COMPLETED ROSTER TO LANCE@FOOTHILLSEVENTMANAGEMENT.COM BY SATURDAY APRIL 15TH, 2017

#	PLAYER NAME (Print)	AGE	PHONE	EMAIL	SIGNATURE	DATE