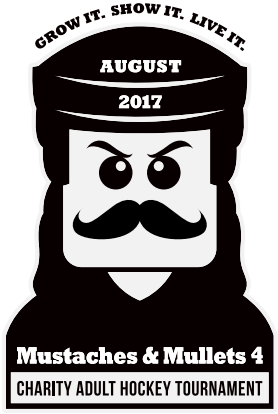

Mustaches & Mullets 4 Charity Hockey Tournament

OFFICIAL ROSTER AND WAIVER & RELEASE OF LIABILITY SIGNATURE FORM

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

CAPTAIN NAME (PRINT): _____ 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 AUGUST 12TH, 2017

#	PLAYER NAME (Print)	AGE	PHONE	EMAIL	SIGNATURE	DATE