

Quest 12 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 20TH, 2019

#	PLAYER NAME (Print)	AGE	PHONE	EMAIL	SIGNATURE	DATE