



Little Caesars Roller Hockey

at Joe Dumars' Fieldhouse

2010 Team Roster

(PLEASE PRINT AS NEATLY AS POSSIBLE)

TEAM NAME: _____ **DIVISION:** _____ **Season :** Win Spr Fall
(Circle above)

	Jersey #	PRINTED NAME:	FIELDHOUSE MEMBERSHIP PAYMENT INFO	PAID \$100 PAYMENT OR OTHER	CHECK OFF HERE WHEN PAID IN FULL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
		MAXIMUM ROSTER IS 12 PLAYERS			

- \$100 minimum deposit per player must be submitted with this roster to officially be put on your online roster.
- Your full team payment is due by the 4th game of the season and to do this we must know your final roster size.
- Your information and signature below indicate to the LCRH that you will be responsible for any outstanding balances still due by your team and that you will pay any shortfalls at your 4th game.
- PLEASE WRITE IN A WORKING EMAIL NEATLY AS THIS WILL BE THE PRIMARY WAY THAT THE LCRH WILL COMMUNICATE WITH YOUR TEAM.

COACH OR MANAGER'S NAME: _____ **E-MAIL ADDRESS:** _____

HOME PHONE #: _____ **WORK PHONE #:** _____ **CELL PHONE #:** _____

By signing below I recognize that I am financially responsible for all amounts due for this team and realize that my team may be forfeited or removed from the league for failure to pay. IF AT THE 4TH GAME MY TEAM IS NOT PAID IN FULL I AM RESPONSIBLE FOR ANY BALANCE THAT IS OWED.

SIGNATURE: _____ **DATE:** _____