2007-2008 Washington College Indoor Tournament Roster Form

Coach/Contact_____

Coach/Contact Phone #_____

Coach/Contact Email_____

Coach/Contact
Address_____
(street) (city/state/zip)

Team Name_____

Team Classification (Circle One): U-14 U-16 U-19

Tournament(s) Entering: December 30th January 13th February 10th

Team Roster

Name of players

_____
_____
_____
_____
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***Please send a $50 non-refundable deposit made out to R Hockey Time to reserve a space, we run it on a first come first serve basis! Deadlines for insurance waivers, rosters and entry fee balance are due TWO WEEKS prior to the tournament date. Mail all forms to**:

Rachel Boyle, Head Field Hockey Coach

Washington College
300 Washington Ave
Chestertown, MD 21620