

RIVERVIEW / DIEPPE RINGETTE ASSOCIATION

Team Registration Form

Team Name: _____
Division: _____
Coach: _____

Association: _____
Sweater Color: _____
Assistant Coach: _____

Player Name	Date of Birth	Sweater Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		

Contact Person: _____

Mailing Address: _____

Telephone: _____

E-Mail: _____