

TYIHA NON-ROSTERED PLAYER FORM

PLAYERS NAME: _____ ORIGINAL TEAM: _____

PRACTICE: _____ HOUSE GAME: _____

FEE: \$10.00 PER PRACTICE AND/OR GAME

CASH _____ CHECK _____ TOTAL \$ _____

PARTICIPATING WITH:

TEAM NAME: _____

COACHES NAME (PLEASE PRINT): _____

COACHES SIGNATURE: _____

ALL FEES COLLECTED BY COACHES SHOULD BE TURNED IN WITH
COMPLETED FORM TO KEN ROTH, TYIHA COACH-IN-CHIEF.

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