

2nd Annual Stoneham Holiday Squirt Tournament

Squirt Tournament Team Roster

Team/Town Name: _____

Squirt Level: A: _____ B: _____ C: _____ D: _____

**** Note: All teams will be limited to 17 players.**

PLAYER NAME	#	AGE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

All players must be members of USA Hockey. Please submit this form along with the Tournament Application Form. **Additional players...up to a max of 20 per team \$25.00 per player.**

**Thank you, and Good Luck.
We look forward to seeing you in the Tournament!**