



Email this completed form and preliminary roster to readingdekhockey@gmail.com & Rebecca.swoyer@readingpa.gov

2024 SUMMER HOCKEY LEAGUE REGISTRATION FORM

<u>Team Name:</u>		<u>Circle Division:</u> Gold Silver Bronze	
<u>Captain's Name:</u>		<u>Shirt Color:</u>	
<u>Address:</u>			
<u>City:</u>		<u>State:</u>	<u>Zip:</u>
<u>Phone:</u>			
<u>Email:</u>			
<u>Signature:</u>		<u>Date:</u> / /	

PRELIMINARY ROSTER

1.	11.
2.	12.
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