



BC Provincial Inline Hockey Championships

Team's Full Name _____

Division _____ Compete Level (circle one) AAA AA

Contact's Name _____

Contact's Address _____

City _____ Postal Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email (mandatory) _____

\$600 Per Team

Note: All teams must be members of a BCIHA sanctioned league. All players must be registered members of BCIHA.

Entry Fees are NON-REFUNDABLE!

Please make cheques payable to: NSIHL

Mail to: 4104 Dollar Road, North Vancouver, BC, V7G 1Z6

Email: president@nsihl.com

North Vancouver, BC ~ June 28th – July 1nd, 2013

Karen Magnussen Arena

2013 BC Provincial Inline Hockey Championships

Team Name _____

List Players in alphabetical order. Maximum 14 players per roster.

Player Name	Player Signature	Jersey Number	School ID Verified	BCIHA Membership
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
G				
G				

Head Coach _____

Roster submitted by (PRINT NAME) _____

I hereby certify that each of the players listed above are registered with a BCIHA member league. I further certify that the information above is true and correct.

Signature _____ *Date* _____