



**CMHA TEAM ROSTER**

Submit to the office

<b>Association:</b> Chilliwack Minor Hockey Association		<b>DIVISION:</b>	<b>SEASON:</b> 2024-2025	
<b>Team Name:</b>		<b>Your Email →</b>		
<b>Players' Names - Please Print last name first alphabetical order</b>		<b>POSITION</b> <b>*MANDATORY</b> <i>Goalie or Player</i>	Phone Number (Office can provide this information)	Email Address (Office can provide this information)
1.				
2.				
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19.				
20.				



**Team Officials/Bench Staff**

<b>Role</b>	<b>Name</b>	<b>Email</b>	<b>Phone</b>	<b>Date of Birth</b>
Head Coach				
Assistant Coach				
Assistant Coach				
Safety (HCSP)				
Manager				
On Ice Helper				
On Ice Helper				

If you have more bench staff please just write them in the below section, or any questions or inquiries please contact [info@chilliwackminorhockey.com](mailto:info@chilliwackminorhockey.com)

Thanks for submitting your roster.

<p><b>Notes:</b></p>	<p><b>Notes:</b></p>
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