



CMHA TEAM ROSTER

Submit to the office

Association: Chilliwack Minor Hockey Association		DIVISION:	SEASON: 2025-2026	
Team Name:		Your Email →		
Players' Names - Please Print last name first alphabetical order		POSITION *MANDATORY <i>Goalie or Player</i>	Phone Number (Office can provide this information)	Email Address (Office can provide this information)
1.				
2.				
3.				
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11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				



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Team Officials/Bench Staff

Role	Name	Email	Phone	Date of Birth
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

Thanks for submitting your roster.

Notes:	Notes:
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