

**STATE OF MINNESOTA VFW PLAYER ROSTER
BANTAM 'A' HOCKEY**

DATE _____ VFW DISTRICT # _____
 SPONSORING POST NAME _____ POST # _____ CITY _____
 CITY NAME UNDER WHICH THE TEAM WILL BE PLAYING _____
 CURRENT INSURANCE CARRIER _____ Policy # _____

Name and Address (PRINT OR TYPE) <small>(NOTE: You "MUST" attach an OFFICIAL MH 'A' Bantam Hockey Roster to this Form . Please list ONLY the names of those players participating in VFW Tournaments on this Form.)</small>	Birth Date	Position	Light Jersey No.	Dark Jersey No.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
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16.				
17.				
18.				
19.				
20.				

Send one (1) Set of Player Rosters to District VFW Hockey Chairman, POSTMARKED NO LATER THAN DECEMBER 31ST!!!

Signature Post Officer: _____ Title: _____

Signature Post Youth Chairman: _____

Coach: _____ Coaches Signature: _____

Address: _____ Phone: _____
(Print)

A fill-in version of this form is available at www.mn.gov/vfw/Y_hockeyhistory.htm