





## Winter Session 2025 Team Entry — Roster Form

\$120.00 SPONSOR FEE MUST BE PAID WITH REGISTRATION OR YOUR ROSTER WILL NOT BE ACCEPTED. Your Roster Form AND Sponsor Fee payment must be received no later than September 19, 2025 for your team to be scheduled to participate. Player's dues of \$30 per player must be paid upon each player's third week of match play, or that player's scored points may be forfeited. Winter season matches start Thursday, October 10, 2024. Make all checks payable to NHDL.

Mail to: NHDL, 37 Sunup Dr. S., Meriden CT 06450

<b>Ceam Name:</b>			Proposed Division:
	<b>Team Sponsor Information</b>	<u>Team Ca</u>	<u>uptain Information</u>
Name:		Name:	
		Shirt Size:	
Address:——		Address:	
City:	State: Zip:	City:	State:Zip:
Phone:		———— Phone: ( <i>Req</i> ):	
 Email:		Email ( <i>Req</i> ):	
	Gesignate one or more persons to be to Administrators do not have to be a Cape Phone:		or online entry of match results.
	ne: Email:		
	<u>Regular Roster Pla</u>	yers (do not include Captair	<u>ı)</u>
Player 2: Shirt Size:	_	Email:	
Player 3: Shirt Size:		Email:	
Player 4: Shirt Size:	_	Email:	
Player 5: Shirt Size:	_	Email:	
	_ ADDITIONAL ROSTER PLAYER ACT INFORMATION PROVIDED MAY BE USED AT THE		
	FOR LEAGUE USE ONI	LY—DO NOT WRITE IN TH	IS AREA
otal Paid:	 Date Paid:	Cash Check #	Approved Division:
otal Sponsor Fe	ee Paid: Total Pl	ayer's Fees Paid:	Balance Due: