

### 2010 Dakota C.C. 4on4 Team Roster

No.	Name	Phone	Cell	Email	Address
1					
2					
3					
4					
5					
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11					
12					
13					
14					
15					

Team Name: \_\_\_\_\_ Manager/Contact: \_\_\_\_\_

Submit form at Dakota CC, 1188 Dakota Street, Winnipeg, R2N 3H4, Tel:254-1010, email [dakotaccpm@shaw.ca](mailto:dakotaccpm@shaw.ca)

**Roster due prior to first game**