



# 2007 - 2008 OFFICIAL TEAM REGISTRATION/ROSTER

CS Reg/Roster - USA Form 1-T

USAH REGISTRAR'S SIGNATURE/DATE

Division Range: 01/01/1995 - 12/31/1996

\*/\*\* Indicates player's DOB is not in Division Range.

LOCAL ASSOCIATION/PROGRAM NAME:		TEAM: The Blackhawks		DIVISION: PEEWEE				
TEST CYBER SPORT 9		TEAM #: (TST0009) (PW1)		CLASS: AA / Tier II				
PLAYER'S NAME	BIRTH DATE	W	SIGNATURE	CITY	ZIP			
1 ALLARD, KYLE	04/17/1996	&		HINSDALE	63008			
2 BRESNAHAN, PATRICK	03/20/1996	&		HINSDALE	60222			
3 BUBLEY, AUSTIN	05/25/1995	&		DOWNERS GROVE	60615			
4 CAMPER, JAY	04/17/1996	&		HINSDALE	63211			
5 CARLSTROM, BRENDON	05/13/1996	&		WESTERN SPRINGS	63112			
6 CASTRO, BRIANA	07/12/1996	&		DOWNERS GROVE	62198			
7 EDUCATE, JOSEPH	06/04/1996	&		LIBERTYVILLE	60048			
8 FETCHIET, MATTHEW	08/12/1995	&		ARLINGTON HEIGHTS	60211			
9 FISHER, JACOB	04/29/1995	&		BENSENVILLE	64421			
10 GEORGE, ERIC	08/12/1996	&		CHICAGO	63000			
11 HUTCHINSON, CHASE	08/09/1995	&		WESTERN SPRINGS	60558			
12 KUCHTA, PATRICK	* 03/24/1997	&		BENSENVILLE	63225			
13 MCLEAN, ANDREW	01/12/1995	&		WESTERN SPRINGS	63111			
14 NIEKAMP, STEVEN	12/13/1995	&		CHICAGO	63114			
15 NUGENT, JOHN	05/26/1995	&		CHICAGO RIDGE	64578			
16 REBOULET, ZACHARY	08/20/1995	&		DOWNERS GROVE	61115			
17 WALKER, RACHAEL	05/12/1995	&		CHICAGO	60622			
18 YAEGER, ZACHERY	03/10/1996	&		BENSENVILLE	48173			
TEAM OFFICIAL	POSITION	W	CEP Info	INITIAL	PHONE	ADDRESS	CITY	ZIP
19 KENNEDY, KENNETH	Head Coach		4 / 03-04 / 015116		(630) 355-7783	2432 KINGSLEY DR	NAPERVILLE	60565
20 ANDERSSON, JIM	Asst Coach		3 / 04-05 / 138979		(847) 548-5632	261 PARK CIR	GRAYSLAKE	60030
21 BRAUN, DOUGLAS	Asst Coach		3 / 05-06 / 059058		(630) 960-0489	1 GRAHAM AVE	DOWNERS GROVE	60516
22 RUPPERT, DAVID	Asst Coach		2 / 04-05 / 139040		(630) 493-1702	534 69TH ST	DARIEN	60561

Team Officials agree to abide by all Rules and Regulations of USA Hockey and Affiliate Association.

The individuals printed on this form represent players and coaches that have been electronically registered with USA Hockey. Copies of IMRs/Cards are not required for these individuals.

An ampersand (&) in the W Column indicates the Waiver/Assumption of Risk is not required. Individuals listed as a Mgr/Team Rep may not participate in on-ice activities, or be on the bench during games.



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Cyber Sport Roster -PDF- USA Form 1-T

USAH REGISTRAR'S SIGNATURE/DATE \_\_\_\_\_ / \_\_\_\_\_

Division Range: 01/01/1991 - 12/31/1992

\* \*\* Indicates player's DOB is not in Division Range.

LOCAL ASSOCIATION/ PROGRAM NAME:

TEST CYBER SPORT 9

TEAM: The Eagles

TEAM #: (TST0009) (MD1)

DIVISION: MIDGET/16&UND

CLASS: AA / Tier II

TEAM OFFICIAL	POSITION	W	CEP Info	INITIAL	PHONE	ADDRESS	CITY	ZIP
1 ALCOTT, JUSTIN	Coach	&	3 / 06-07 / 234266		(919) 854-1565	103 ZOA CT	RALEIGH	27607
2 ANDERSSON, LARS	Coach	&	2 / 06-07 / 275698		(973) 765-9341	128 CENTRAL AVE	MADISON	07940
3 LAPLANTE, GREG	Coach	&	4 / 03-04 / 027003		(843) 797-7150	123 DRESDEN DR	GOOSE CREEK	29445
4 SHANLEY, BENEDICT	Coach	&	4 / 04-05 / 080737		(678) 957-0593	2055 SUGARLOAF CLUB DR	DULUTH	30097

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