PLAYER STATEMENT OF COMMITMENT **SEASON 2023/2024**



To be sent to: roster@ice.hockey UND info@eishockey.at

Me,				
Surname: First name:				
Address (Street/Zip Code/C	ity):			
Date of Birth (DD.MM.YYYY				
Phone:				
E-Mail:				
and the club				
Full club name:				
have signed a valid working o Player with the ICE Hockey L		•		ce Hockey
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I confirm that I read and unde			ents and pledge myself to ac	lhere to
them for the ICE Hockey Leag	jue season לטבש	3/2024.		
			\	<u> </u>
Place			Date	









Personal signature - Player







Club-stamp



