

2010 FBAO JUVENILE NATIONAL QUALIFIER TEAM INFORMATION

NAME OF TEAM _____

REGION: Central West _____ Eastern _____ South West _____ Central East _____

CATEGORY: Male _____ Female _____

SWEATER COLOURS: (please specify base and trim colours)

Set 1 : _____

Set 2 : _____

TEAM CONTACTS :

NAME _____

ADDRESS _____

TOWN/CITY _____ **POSTAL CODE** _____

PHONE (H) _____ **(B)** _____

FAX _____ **E-MAIL** _____

NAME _____

ADDRESS _____

TOWN/CITY _____ **POSTAL CODE** _____

PHONE (H) _____ **(B)** _____

FAX _____ **E-MAIL** _____

We confirm the following:

That each player is signed on a FBAO team/player registration form: _____

That each player has submitted the appropriate age verification, if applicable: _____

That each player has submitted a waiver form, where applicable : _____

Team Official's Name : _____

Team Official's Signature : _____

Date: _____

(Please complete both the information sheet and roster)

FEDERATION OF BROOMBALL ASSOCIATIONS OF ONTARIO