



APPENDIX 25-8

TEAM REGISTRATION FORM

TEAM INFORMATION

Member Association Local Cl		lub or League	City and Province		
Tournament Team N		lame	Team Colo	ours	
Sector		Age Ca		Level	
□ВОХ	□ MF □ WF		P	□ A/Div 1	□ B/Div 2 □ C/Div 3
			ROSTER		
#	Name		Address		Date of Birth (DD/MM/YYYY)

Please complete the Team Registration Form and submit it to the CLA office (electronically via email) by 3:00pm EST two (2) business days prior to the start of the tournament, which begins at the Coaches Meeting. The team registration form must be typed (not written) and have proper names (no nicknames).



<u>STAFF</u>				
Position	Name	Address	NCCP#	Qualifications
Coach				
Trainer				
Manager				

EMERGENCY CONTACTS				
Position	Name	Phone	Email	
Head Coach				
Manager				





MA Contact		

PROVINCIAL/TERRITORIAL VERIFICATION			
Name	Signature	Date	