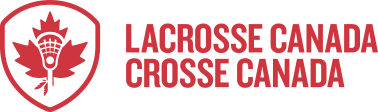
**Appendix 25-8**



**Team Registration Form**

|  |  |  |
| --- | --- | --- |
| **TEAM INFORMATION** | | |
| **Member Association** | **Local Club or League** | **City and Province** |
|  |  |  |
| **Tournament** | **Team Name** | **Team Colours** |
|  |  |  |
| **Sector** | **Age Category** | **Level** |
| BOX MF WF | **Box:** P B M Jr Sr  **Field:** U15 U18 U19 Sr | A/Div 1 B/Div 2 C/Div 3 |

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| **ROSTER** | | | |
| **#** | **Name** | **Address** | **Date of Birth**  **(DD/MM/YYYY)** |
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| **STAFF** | | | | |
| **Position** | **Name** | **Address** | **NCCP #** | **Qualifications** |
| Coach |  |  |  |  |
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| Coach |  |  |  |  |
|  |
| Coach |  |  |  |  |
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| Coach |  |  |  |  |
|  |
| Coach |  |  |  |  |
|  |
| Trainer |  |  |  |  |
|  |
| Manager |  |  |  |  |
|  |

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| --- | --- | --- | --- |
| **EMERGENCY CONTACTS** | | | |
| **Position** | **Name** | **Phone** | **Email** |
| Head Coach |  |  |  |
| Manager |  |  |  |
| MA Contact |  |  |  |

|  |  |  |
| --- | --- | --- |
| **PROVINCIAL/TERRITORIAL VERIFICATION** | | |
| **Name** | **Signature** | **Date** |
|  |  |  |

Please complete the Team Registration Form and submit it to the LC 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).