18+ ADULT COMPOSITE TEAM REQUEST FORM

Tournament Date: _____ Level: _____

Tournament Host: _____ Category (Female/Male/Mixed): _____

Composite Team Name: _____

ATHLETE INFORMATION

	Position	Last Name	First Name	DOB YYYY/MM/DD	Registered Club	Team Name	Level
1	Goaltender						
2	Goaltender						
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

Position	Last Name	First Name	Registered Club	Team Name

This form is only for the purpose of seeking approval from Ringette Ontario for the formation of a Composite T e a m
It is not an official Team Registration Form. This form must be submitted to the RO Membership Coordinator (membership@ringetteontario.com) a minimum of 30 days prior to the start of the tournament.
No more than 6 players can come from any ONE team.