

FEDERATION OF BROOMBALL ASSOCIATIONS OF ONTARIO
2015 Juvenile National Qualifier Team Information

Team Name: _____

Region:
(circle/bold) Central East Central West Eastern South West

Category:
(circle/bold) Juvenile Girls Juvenile Boys

Jersey Colours: Set 1 _____ Set 2 _____

Team Contact 1: (please print clearly)

Name: _____

Address: _____

Town/City: _____ Postal Code: _____

Phone: (H) _____ (C) _____ (F) _____

Email: _____

Team Contact 2: (please print clearly)

Name: _____

Address: _____

Town/City: _____ Postal Code: _____

Phone: (H) _____ (C) _____ (F) _____

Email: _____

Please confirm these items are completed and then sign below:

- [] Each player and team official is signed on an F.B.A.O. Team/Player Registration Form
- [] Each player has submitted the appropriate age verification, if applicable
- [] Each player has submitted a waiver form, where applicable
- [] I have accurately filled in the team roster and have signed pick up contracts where required
- [] I have read and understand all items in the Juvenile National Qualifier Information Package
- [] I have read and will be ready to sign the Juvenile National Qualifier Code of Conduct

Team Official's Name: _____ Team Official's Signature: _____

Team Contact Name and Number for Event: _____

FEDERATION OF BROOMBALL ASSOCIATIONS OF ONTARIO
2015 Juvenile National Qualifier Roster

Team Name: _____

Region:
 (circle/bold) Central East Central West Eastern South West

Category:
 (circle/bold) Juvenile Girls Juvenile Boys

	C/A/G	#	#	Name (please print clearly)	Signature (to be signed at registration)	Birth Date	Registered Team Name
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
AP							
AP							
AP							
AP							
AP							
		NCCP #					
Coach							
Manager							
Trainer							
Other							