

**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