



krichard@schoolsportsnl.ca

P: 729-0567

Fax: 729-2705

www.schoolsportsnl.ca

PROVINCIAL TOURNAMENT REMITTANCE FORM

*To be completed and forwarded to the SSNL office no later than 2 weekes after the tournament

TOURNAMENT INFORMATION	
SPORT	
HOST SCHOOL(S)	
CONVENORS	
REFEREES	
REFEREES	

CLASSIFICATION/ GENDER	
	M/ F/ CO-ED
4A	
3A	
2A	
A	

PARTICIPATING TEAMS

SCHOOL	Teacher Coach	Non-Teacher Coach	Teacher Sponsor	Placing	# Athletes
TOTAL # OF ATHLETES					

TEAM SPORTSMANSHIP WINNER	
---------------------------	--

SCHOOLS WILL BE INDIVIDUALLY INVOICED \$10.00 PER PLAYER FOR SSNL PARTICIPATION FEES