

ROYAL CANADIAN LEGION

TEAM REGISTRATION FORM

EVENT: _____ DATE: _____

BRANCH Nr. _____

TEAM #1

(1) _____
(2) _____
(3) _____
(4) _____

TEAM #2

(1) _____
(2) _____
(3) _____
(4) _____

TEAM #3

(1) _____
(2) _____
(3) _____
(4) _____

TEAM #4

(1) _____
(2) _____
(3) _____
(4) _____

TEAM #5

(1) _____
(2) _____
(3) _____
(4) _____

TEAM #6

(1) _____
(2) _____
(3) _____
(4) _____

APPROVAL

PRESIDENT _____

SECRETARY or MEMBERSHIP _____

POSTED DEADLINE DATE MUST BE MET. NO EXCEPTIONS. DATE NOT MET MEANS AUTOMATIC DISQUALIFICATION.

SPORTS OFFICER _____