

CWOSSA ELIGIBILITY FORM – 2008-09

This eligibility form must be completed and presented to the CWOSSA convenor in advance of the start of play at the CWOSSA championship.

Name of Championship: _____

Division: (Circle) Junior/Senior
(Circle) Boys/Girls/Coed

Name of School Attending: _____

Representing District: _____ Classification: A, AA, AAA, AAAA Date: _____

Name of Coach: _____ Emer. Contact Number: _____

Name of Teacher/Supervisor of Team: _____

The following team members are bona fide students and are eligible to represent this school.

<i>NAME</i>	<i>BIRTH DATE</i>			<i>YR. OF ENTRY INTO GR. 9</i>	<i>NAME</i>	<i>BIRTH DATE</i>			<i>YR. OF ENTRY INTO GR. 9</i>
	D	M	Y			D	M	Y	
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2.					17.				
3.					18.				
4.					19.				
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14.					29.				
15.					30.				

Principal's Signature: _____

Teacher/Supervisor's Signature: _____

District Convenor/Executive Representative: _____