

## CWOSSA ELIGIBILITY FORM – 2009-10

*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.*

NAME	BIRTH DATE			YR. OF ENTRY INTO GR. 9	NAME	BIRTH DATE			YR. OF ENTRY INTO GR. 9
	D	M	Y			D	M	Y	
1.					16.				
2.					17.				
3.					18.				
4.					19.				
5.					20.				
6.					21.				
7.					22.				
8.					23.				
9.					24.				
10.					25.				
11.					26.				
12.					27.				
13.					28.				
14.					29.				
15.					30.				

Principal's Signature: \_\_\_\_\_

Teacher/Supervisor's Signature: \_\_\_\_\_

District Convenor/Executive Representative: \_\_\_\_\_