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## **PROVINCIAL TOURNAMENT REMITTANCE FORM**

\*To be completed and forwarded to the SSNL office no later than 2 weeks 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
				g	
TOTAL # OF ATHLETES					

TEAM SPORTSMANSHIP WINNER

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