



krichard@schoolsportsnl.ca
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 F: 729-2705
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QUALIFIER TOURNAMENT REMITTANCE FORM

*To be completed and forwarded to the SSNL office no later than 72 hours after the Finals

TOURNAMENT INFORMATION			
SPORT	Choose one	v	CLASSIFICATION
HOST SCHOOL(S)			REGION
CONVENORS			GENDER
REFEREES			
REFEREES			

PARTICIPATING TEAMS

SCHOOL	Head Coach/Teacher Sponsor	Placing	# Athletes

Total Athletes

Qualifier MVP (Name & School)

Qualifier MSP (Name & School)

SCHOOLS WILL BE INDIVIDUALLY INVOICED \$7.00 PER PLAYER FOR SSNL PARTICIPATION FEES



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QUALIFIER TOURNAMENT RESULTS FORM

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GAME #	Winning Team & Score	Opponents & Score
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
SF1		
SF2		
FINALS		