



P.O. Box 8700, St. John's, NL.  
 A1B4J6  
 sconolly@schoolsportsnl.ca  
 P: 729-3447  
 Fax: 729-2705  
[www.schoolsportsnl.ca](http://www.schoolsportsnl.ca)

**PROVINCIAL TOURNAMENT REMITTANCE FORM**

**\*Complete & forward to the SSNL office no later than 2 weeks after the Provincial Tournament.**

SPORT:							
HOST/CO-HOST SCHOOL(S):							
CONVENOR(S) AND EMAIL(S):							
NAMES OF OFFICIALS/REFEREES USED:							
TOURNEY CLASSIFICATION & CATEGORY	4A		3A		MALE		
(if applicable)	2A		A		FEMALE		

**PARTICIPATING TEAMS**

SCHOOL	Region	Teacher Coach	Non-Teacher Coach	Teacher Sponsor	#Athletes
TOTAL # OF ATHELTES					
x \$3 Participation Fee					
TOTAL PARTICIPATION FEES SUBMITTED					