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### QUALIFICATION TOURNAMENT REMITTANCE FORM

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

SPORT:							
HOST/CO-HOST SCHOOL(S):							
CONVENOR(S) AND EMAIL(S):							
NAME(S) 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 \$2 Participation Fee					
TOTAL PARTICIPATION FEES SUBMITTED					