

B.C.S.S.G.A. CHAMPIONSHIP

REGISTRATION FORM

1. ZONE: _____
2. ZONE PLAYOFF Qualified as #: _____
3. SCHOOL: _____
4. COACH: _____

School Phone: _____

Home Phone: _____

Fax: _____

E-Mail: _____

5. PLAYERS (in order of ability) Gender
#1 Player: _____ Grade () (M / F)
#2 Player: _____ Grade () (M / F)
#3 Player: _____ Grade () (M / F)
#4 Player: _____ Grade () (M / F)
#5 Player: _____ Grade () (M / F)

6. The Executive will be putting the coaches and assistants into the Tuesday draw, with coaches playing as close to their team as possible. Assistants will play toward the end of the Tuesday draw. You will have the opportunity to choose your foursome for the Wednesday shotgun. To assist us, please list the names of those you wish to be included in the draw.

1. _____

2. _____

WHEN THIS FORM IS COMPLETE, PLEASE DO THE FOLLOWING:

- Email to Neil Jensen at njensen@deltasd.bc.ca
- The information is vital to set the draw for the tournament and the program.
- The banquet seating is set for a coach and 5 players. You must inform me of any additional person so seating for them can be arranged, along with the payment of \$20.00 for that person. Seating is limited.

DEADLINE DATE is Friday, May 20, 2011