**\*\* Please re-save this document as your Team/School name before sending it to** [**edferns@sympatico.ca**](mailto:edferns@sympatico.ca)**! Thank you ☺**

SCHOOL GIRLS FESTIVAL 2018

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Team/School Name: | |  | | | | | | | | |
|  | | | | | | | | | | |
| Team/School Contact Name(s): | | |  | | | | | | | |
|  | | | | | | | | | | |
| Main Contact’s Email: | |  | | | Main Contact’s Phone #: | | |  | | |
|  | | | | | | | | | | |
| Date(s) of Competition:  Mark with a “Y” beside requested date(s) | | Monday September 17  @ Iceland | | X | Tuesday September 25  @ Sunnybrook Park | |  | Thursday September 27  @ Sunnybrook Park | |  |
|  | | | | | | | | | | |
| …Player Information… | | | | | | | | | | |
|  | | | | | | | | | | |
|  | Name: | | | | | Jersey Number: | | | Grade: | |
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| 20. |  | | | | |  | | |  | |

In addition to sending this completed form, please do not forget to send your cheque of

**$350** per specified day made out to **GOA Reds FHC** to the following address:

4308 Rockwood Road, Mississauga, Ontario – L4W 1L8

\* This registration form and cheque secures your spot for the specified day(s).