

ADULT COMPOSITE TEAM REQUEST FORM



Tournament Date: _____

Level: _____

Tournament Host: _____

Age: _____

Composite Team Name: _____

Region: _____

Player Information						Registered on			
	RO #	Last Name	First Name	DOB YYYY/MM/DD	Position	Association	Team #	Skill Level	Team Name
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

Bench Staff Information					Registered on		
Sex	Position	Last Name	First Name	RO #	Association	Team #	Team Name

This form is only for the purpose of seeking approval from Ringette Ontario for the formation of a Composite Team **It is not an official Team Registration Form**
 Form must be submitted to the Adult Committee (through your Regional Coordinator or the Chair) a minimum of 35 days prior to the start of the tournament
 No more than 6 players can come from any ONE team
 See Section 7 of the Adult Development Administrative Rules for complete rules.