

Attn: Co-Curricular P.E. Program Leader

2010-2011 WINTER SPORT CONFIRMATION FORM

PLEASE COMPLETE THE FOLLOWING AND FAX TO THE RDSB TRAINING LAB,
ATTENTION DAVE MAKELA BY NOON FRIDAY, OCTOBER 29th

YOUR PROMPT RESPONSE TO THIS SURVEY IS ABSOLUTELY CRITICAL!

NAME OF SCHOOL: _____

Sport	Age Gr.	Div.	Name of Coach(es)	nt, t, sr	Home Phone
BADMINTON	n/a	n/a			
GYMNASTICS - GIRLS	n/a	n/a			
BOYS' BASKETBALL	Midget	n/a			
	Junior	I			
	Junior	II			
	Senior	I			
	Senior	II			
WRESTLING	Boys (#)				
(incl approx # athletes)	Girls (#)				
CURLING	Boys (#)				
(indicate # teams)	Girls (#)				
What club do you wish to play out of?					
GIRLS VOLLEYBALL	Midget	n/a			
(NOTE: refer to page 2 for divisional alignments)	Junior	I			
	Junior	II			
	Senior	I			
	Senior	II			

NOTE: ALPINE SKIING AND NORDIC SKIING CONFIRMATIONS WILL BE REQUESTED AT A LATER DATE.

**LEGEND: nt= non teacher, t = teacher, sl = staff liaison, st = student, rt = retired teacher
FOR TEAM SPORTS, LIST THE DATES YOUR GYM IS UNAVAILABLE OR YOUR TEAM IS
UNABLE TO PLAY ON THE FOLLOWING PAGE**

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Name of Program Leader

Signature

Date

