

# Attn: Co-Curricular P.E. Program Leader

## 2009-2010 WINTER SPORT CONFIRMATION FORM

PLEASE COMPLETE THE FOLLOWING AND RETURN TO THE MEDIA CENTRE,  
ATTENTION DAVE MAKELA BY NOON FRIDAY, OCTOBER 23rd

**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

