



OCFL

OTTAWA CARLETON FUTSAL LEAGUE
Bob Rathwell – In Memoriam



2010 Bob Rathwell Memorial Futsal Tournament January 15-17, 2010

Team Registration Form

Team Name: _____

Team OSA/District#: _____

Manager: _____

Work Phone Number: _____

Fax Number: _____

To confirm your registration, please:

- 1) Notify the Tournament Coordinator of your intention to attend by email:

futsalchallenge@futsalottawa.com

- 2) Sign and complete this form and attached roster and attach a \$200 cheque payable to "OCFL" and mail to:

**Futsal Ottawa Attn. Paulo Bellem
Box 601 – 900 Greenbank Road
Nepean Ontario Canada K2J 4P6**

Email Address: _____

A tournament package will be sent and spots will be guaranteed once an application form and cheque have been received.

For any general questions or further information not covered in the Tournament Rules & Regulations, please contact the Tournament Director at futsalchallenge@futsalottawa.com.



OCFL

OTTAWA CARLETON FUTSAL LEAGUE
Bob Rathwell – In Memoriam



Team Roster Form

Team Name: _____

Classification (Youth): U12 U14 U16 U18 U21 (circle)

Classification (Women): Division1 Division2 Division3 (circle)

Player Name	Number	OSA/District Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

Official Name	Role	OSA/District Number
1	Coach	
2	Assistant Coach	
3	Manager	
4		

Coach's signature below verifies that all athletes listed are currently registered with your team and district to play.

Coach's Name (print)

Coach's Signature

Date