



SPORTS COMMITTEE

ONTARIO COMMAND

ROYAL CANADIAN LEGION

DISTRICT SPORTS ENTRY FORM

ZONE _____

BRANCH NAME & NO.# _____

SPORT EVENT _____

REGULAR TEAMS

First & Last Name / Please Print

First & Last Name / Please Print

DOUBLES

SINGLES

THIS LETTER CERTIFIES THAT ALL OF THE PARTICIPANTS LISTED ABOVE ARE ELIGIBLE AND QUALIFIED IN ACCORDANCE WITH OUR PROVINCIAL SPORTS MANUAL. IF ANY PLAYER(S) IS FOUND TO BE INELIGIBLE, THE BRANCH SHALL BE SUSPENDED FROM PARTICIPATING IN THIS SPORT THE FOLLOWING YEAR. COMPETING MEMBERS MUST PRODUCE THEIR CURRENT MEMBERSHIP CARD OR RECEIPT, IF REQUIRED.

Branch President

Branch Membership Committee Chairman

Sign. _____

Sign. _____

Print. _____

Print. _____