



INDEPENDENT SCHOOL MEMBERSHIP APPLICATION

School Name: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

Principal Name: _____ Principal E-Mail: _____

Athletic Contact Name: _____ Athletic Contact E-Mail: _____

Enrollment number as of October 31, 2009: _____

Projected enrollment number for September 2010: _____

Sports (please circle) Interested in Participating in (this is only a preliminary indication and not your final intents)

- | | | | | |
|---------------|-----------------------|------------|-----------------|-----------------|
| Alpine Skiing | Archery | Badminton | Basketball | Baseball |
| Cricket | Cross Country Running | Curling | Field Hockey | Flag Football |
| Football | Golf | Ice Hockey | Lacrosse | Mountain Biking |
| Nordic Skiing | Rugby | Soccer | Softball (fast) | Softball (slo) |
| Swimming | Table Tennis | Tennis | Track & Field | Volleyball |
| Wrestling | | | | |

Principal Signature

Date

note: this application is valid for the 2010 – 2011 school year only

Office Use Only

_____ approved _____ not approved _____ approved with conditions

ROPSSAA Chairperson

Date