All Star Activity Application

Appendix E

Activity/Sport: _____

Applicants Name: _____ Applicants School: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Type of Competition: ROPSSAA REGIONAL

Level of Competition: Bantam Junior Senior

Name(s) of all coaches who will be in the bench area (include name & school)

_____

_____

_____

_____

_____

_____

Indicate by check mark that the following are attached

_____ description/summary of event

_____ selection process, including dates

_____ event date

_____ event location

_____ schedule

_____ preliminary budget

_____ selection/tryout information list
(to be submitted following approval of the event and a maximum of 2 school days following the tryouts).

Office Use

_____ approved

_____ approved with conditions

_____ not approved (see attached)

_____ _____
ROPSSAA Chairperson Date

SELECTION/TRYOUT INFORMATION *

SELECTION MADE BY (print names of all those involved)

Sport _____

Coach Name	**Coach School**
Coach Name	**Coach School**
Coach Name	**Coach School**
Coach Name	**Coach School**
Coach Name	**Coach School**

(Must complete and submit within 24 hours of team selection)
(fax #905.890.0771)

First Name	Last Name	School	Selected (Y or N)

Head Coach	**Signature**