

West Central High Schools Athletic Association JUNIOR TEAM REGISTRATION

School Name: _____
 Address: _____
 Phone: _____
 Fax: _____

Principal: _____
 Athletic Director: _____

Register teams by checking the boxes below

Activity	Register Team
Badminton	<input type="checkbox"/>
Girls Basketball	<input type="checkbox"/>
Boys Basketball	<input type="checkbox"/>
Cross Country	<input type="checkbox"/>
Curling Boys	<input type="checkbox"/>
Curling Girls	<input type="checkbox"/>
Curling Mixed	<input type="checkbox"/>
Golf Grass	<input type="checkbox"/>
Track and Field	<input type="checkbox"/>
Girls Volleyball	<input type="checkbox"/>
Boys Volleyball	<input type="checkbox"/>

Total Number of Teams Registered _____ X \$25.00 = _____

Make Cheque Payable to: *West Central High Schools Athletic Association*

Mail Cheque to: Miles Bennett
 Box 910
 Rosetown Central High School
 Rosetown, Sask.
 S0L 2V0

All activities that your school wishes to enter must be submitted on this form by September 30

We the undersigned (Principal and Athletic Director) approve the registration on the above Junior team(s) for participation in West Central District Playoffs.

Principal Signature

Athletic Director Signature

Date

