



NBIAA TEAM PERSONNEL FORM

Year _____

School: _____ Class: _____ Jr./Sr. _____ Sport: _____ Conference: _____

	NAME	PLAYERS NO.	GRADE	YEAR ENTERED Grade 9	DATE OF BIRTH (Y/M/D)
<i>EX</i>	<i>Christopher Smith</i>	<i>23</i>	<i>10</i>	<i>2002</i>	<i>88/04/18</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Coach: _____ Home Phone: _____ E-mail: _____

Coach: _____ Home Phone: _____ E-mail: _____

Manager (s) _____, _____ Trainer: _____

Captain (s) _____, _____

Mr./Mrs./Ms. _____ will supervise this team at games

I HEREBY CERTIFY THAT THIS LIST IS CORRECT

PRINCIPAL'S SIGNATURE: _____ DATE: _____

TEAM FEE:	\$50	LEVEL OF PLAY:	CHAMPIONSHIP
INSURANCE: (\$6 per student)	_____	(Check one)	EXHIBITION
TOTAL AMOUNT REMITTED:	_____		EXHIBITION DIVISION

Please e-mail the completed form to the NBIAA office at nbiaa@gnb.ca