

Toronto Argos / OTFL Tournament

Team Registration Form

LEAGUE USE ONLY	
<input type="checkbox"/> Registered	<input type="checkbox"/> Fees Collected:
<input type="checkbox"/> Team Name Registered:	
<input type="checkbox"/> Other:	

(Please Print Clearly)

Team Contact Information

Team Name	Team Contact's First & Last Name	
Team E-mail Address(es)	Telephone	
	HOME: <input type="checkbox"/>	Please check the preferred contact number
	CELL: <input type="checkbox"/>	
	OTHER: <input type="checkbox"/>	

About your Team

Division: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <u>or</u> B <input type="checkbox"/> Women's <small>(No Preference)</small>		
Division Specifications	Expected # of players: (10 minimum)	How did your team hear about this tournament? (Optional)
Division A plays by standard Touch Football Ontario rules and regulations	_____	<input type="checkbox"/> Radio Advertisement <input type="checkbox"/> Website: _____ <input type="checkbox"/> Toronto Argonauts <input type="checkbox"/> Flyer <input type="checkbox"/> Friend/Family Member: _____ <input type="checkbox"/> Other: _____
Division B plays by modified steamboat rules to allow quarterbacks more time		

Signature: _____	Date: _____
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PROCESS

- Complete in full and sign this form.
- Fax completed form to: (416) 284-0974 or mail to: SCOTT ELKINGTON c/o Tournament Registrations
665 Capilano Crescent
Oshawa, ON L1H 7V3
- All Registration Forms **MUST** be received by **Friday, May 8th, 2009** to be guaranteed a position within the tournament. **Please take this into consideration if returning this form by mail.**

THANK YOU FOR YOUR REGISTRATION!
WE LOOK FORWARD TO SEEING YOU ON THE FIELDS!