

Team Trials Qualification for 2016 Ontario Summer Games

(Please print legibly)

Name:		
Address:		Apt:
City:	Postal Code:	
Home Phone:	Cell Phone:	
E-mail address:		
Gender (circle one): <div style="display: flex; justify-content: space-around;"> Male Female </div>	Date of Birth:	
Which discipline are you out for? (circle at least one) <div style="display: flex; justify-content: space-around;"> 3P Air Rifle Air Pistol </div>		
Are you a current member of ONTarget? (circle one) <div style="display: flex; justify-content: space-around;"> Yes No </div>		
Please advise if you are participating in only the Trials free of charge (circle one) <div style="display: flex; justify-content: space-around;"> Yes No </div>		
NOTE TO MATCH DIRECTORS: If YES circled above, please include in results list with an * beside name/score.		
MATCH DIRECTOR: Is score in electronic format? (circle one) <div style="display: flex; justify-content: space-around;"> Yes No </div>		

Signature of Applicant: _____ **Date:** _____

If Applicant is under the age of 18 years, a parent/legal guardian/coach/adult who accompanied athlete to match must also sign this application:

Signature of Parent/Legal Guardian: _____ **Date:** _____

By signing this application, I declare that I am aware of and will abide by the terms and conditions of the 2016 Ontario Summer Games Trials selection criteria.

MATCH:	DISCIPLINE:	SCORE:
LOCATION:		

Match Director Signature: _____