

Team Trials Qualification Form for 2020 Ontario Winter Games

(Please print clearly – especially with email address)

Name:		
Address:		Apt/Unit:
City:	Postal Code:	
Home Phone:	Cell Phone:	
E-mail address:		
Gender (circle one): Male Female		Date of Birth:
Which discipline are you trying out for? (circle at least one)		
	Air Rifle	Air Pistol
Are you a current member of ONTarget? (circle one)		
ONTarget Membership #:	Yes	No
Please advise if you are participating in only the Trials free of charge (circle one)		
	Yes	No
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)		
	Yes	No

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 2020 Ontario Winter Games Trials Selection Criteria.

MATCH: LOCATION:	DISCIPLINE:	SCORE:
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Match Director Signature: _____