

SAULT RINGETTE Club
NOTIFICATION of TEAM ACTIVITY

*Please fill in (above the line) and return to the Coaching Director
*Sault Ringette Club must be aware of and approve all activities for insurance purposes

Team Name _____
Division _____
Team Contact _____
Contact's Phone # _____

PLEASE CHECK ONE:

Tournament() Practice() Exhibition Game() Fund Raiser() Party()

Date of Event _____

Name of Tournament or Event Description

Location _____

Time _____

SRC COACHING DIRECTOR's NOTES

Date Received _____

Date Approved _____

Notes/Issues _____

Approved by: _____