



**Canadian Blind Sports
Sports Aveugles Canada**



**2019 JUNIOR NATIONAL
GOALBALL CHAMPIONSHIPS**

Brantford, Ontario

April 26-28 2019

JUNIOR NATIONALS 2019 ENTRY FORM

WOMENS TEAM

PROVINCE _____

Jersey Number	Last Name	First Name	Classification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE NOTE - Teams with players from more than one province must have their individual entries submitted by their provincial member of CBSA.

MENS TEAM

Jersey Number	Last Name	First Name	Classification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE NOTE - Teams with players from more than one province must have their individual entries submitted by their provincial member of CBSA.

STAFF ATTENDING THE CHAMPIONSHIPS

Last Name	First Name	Contact Information (cell / email)
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE NOTE – who from your team management group has taken the Concussion Training

CLASSIFICATION

Please list the athletes who have requested Classification: (all athletes must submit MDF's in advance)

1. _____
2. _____
3. _____

TEAM ARRIVAL AND DEPARTURE INFORMATION

ARRIVAL (Date, Time & Flight #) _____

DEPARTURE (Date, Time & Flight #) _____

GROUND TRANSPORTATION

Does your team intend to rent a van? Yes: _____ No: _____

Does your team require transportation to and from the school-hotel? Yes: _____ No: _____

If yes, how many people (Athletes & Staff) will be taking the bus? _____.

Please note that teams are responsible for their own transportation from Toronto Pearson Airport to the Hotel in Brantford

SPECIAL CONSIDERATIONS

Please indicate any special considerations for any team member, including dietary preferences such as gluten free, diabetic or vegetarian. If the individual is vegetarian, please indicate type of vegetarian.

Name	Special Consideration
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REGISTRATION

Provincial Sport Organization: _____

Name: _____ Signature: _____

Title: _____ Cell & Email: _____

The registration fee is \$90/person; please arrange payment on/before **March 26, 2019**.

PSO; _____ will send _____ Female Athletes, _____ Male

Athletes and _____ staff to Junior Nationals in 2019; the total number of Athletes and

Staff; _____ x \$90/person Equals \$_____.

Please return entry form with Payment to Ontario Blind Sports Association:

- 100 Sunrise Avenue, Unit 101
- Toronto, Ontario, M4A 1B3
- Email: richard@blindsports.on.ca

Please send a copy of all forms to:

- Stephen Burke, Director of Domestic Programs
- stephen@canadianblindsports.ca
- 403-803-6422

The Canadian Blind Sports Association and Ontario Blind Sports Association would like to thank the following organizations for their generous support.

Canada



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