

ZONE REQUEST FOR A CROSS ZONE PARTICIPANT(S) ZONE: 2

SPORT:	EVENT:	AGE:
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SPECIAL SKILLS or POSITION NEEDED
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LIST REGISTERED TEAM MEMBERS		MEMBERSHIP #
1		
2		
3		
4		
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19		
20		
21		

Date:	
Requested By:	
Position:	
Phone:	
Email:	

All sections of this form MUST be completed

Email completed form to: Darlene Currie: lifetimesport@yahoo.ca