

**All Sports Entry Form**  
**Alberta – N.W.T. Command of the Royal Canadian Legion**

**Please Forward to the Appropriate Area, District or Command Sports Officer as soon as Winners have been decided.**

Date of Application: \_\_\_\_\_ Sport: \_\_\_\_\_ Category: \_\_\_\_\_

Branch Name: \_\_\_\_\_ Number: \_\_\_\_\_

Address: \_\_\_\_\_

Area: \_\_\_\_\_ District: \_\_\_\_\_

---

Captain: \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

4. \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Spare: \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Spare: \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

---

**I hereby certify that the above Members and/or Ladies Auxiliary are Members in Good Standing in this Branch and have belonged to this branch as of January 31<sup>st</sup> for the proceeding year in which these playoffs take place.**

\_\_\_\_\_  
Branch Membership Chairman

\_\_\_\_\_  
Ladies Auxiliary Membership Chairman

**Special Needs:** \_\_\_\_\_

**The following signatures must be obtained at each level to validate this form:**

Area Chairman: \_\_\_\_\_ Playoff Position: \_\_\_\_\_

District Commander: \_\_\_\_\_ Playoff Position: \_\_\_\_\_

Command Sports Officer: \_\_\_\_\_ Playoff Position: \_\_\_\_\_