

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 #: _____

Email: _____

2. _____ Membership #: _____

Address: _____ Phone #: _____

Email: _____

3. _____ Membership #: _____

Address: _____ Phone #: _____

Email: _____

4. _____ Membership #: _____

Address: _____ Phone #: _____

Email: _____

Spare: _____ Membership #: _____

Address: _____ Phone #: _____

Email: _____

Spare: _____ Membership #: _____

Address: _____ Phone #: _____

I hereby certify that the above Legion Branch and/or Ladies Auxiliary are Members in Good Standing in this Branch and have belonged to this Branch as of January 31st 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 of play to validate this form:

Area Commander: _____ Playoff Position: _____

District Commander: _____ Playoff Position: _____

Command Sports Officer: _____ Playoff Position: _____