

Group name _____ Season _____

Your name _____ Position title _____

How would you like us to contact you _____

National or provincial sport governing body the group is affiliated with _____

Contact name _____ Phone number _____

Is your group registered as a non-profit society no yes society number _____

Are your group participants registered with the sport governing body identified above?

yes percentage (%) registered _____

Is your group a County based organization?

yes percentage (%) County residents _____

Indicate the number of participants for each of the following programs:

Program	Residents	Non-residents
Pre-competitive program		
Program A 10 & under		
Program B 12 & under No "A"		
Program C 12 & under No "A", 13 & over No "A"		
Program D 13 & over "A times"		
Program E National		
Recreational program		
Juniors program		
Masters Program		

Collection and use

Information collected in this form will be used to effectively coordinate Pool Allocations and will be protected according to the *Freedom of Information and Protection of Privacy Act*. Though no personal information is collected a review of club member rosters will occur with the club representative as it is necessary for validation of the information provided. If you have any questions please feel free to contact the number shown at the top for further assistance.

Office use only

Roster review complete yes Date _____ Completed by (initials) _____

Percentage of Strathcona County residents _____

Percentage registered with the governing body _____

At December 31st of the calendar year – number of youth:

17 and under _____

18 and over _____ County resident(s) yes registered yes