

OFSAA TEAM SEEDING INFORMATION

In order to seed your team correctly, the seeding committee requires all the following information be fully and neatly completed. Please type directly in the spaces below.

SCHOOL: _____

TEAM NAME: _____

TOWN/CITY: _____ ASSOCIATION: _____

SEASON RECORD: _____ LEAGUE RECORD: _____

DID YOUR TEAM PARTICIPATE IN OFSAA IN

2004-2005 _____ 2003-2004 _____ 2002-2003 _____

LIST SIGNIFICANT OFSAA RESULTS IN EACH OF THESE YEARS:

ASSOCIATION PERFORMANCE AT OFSAA:

2004-2005 _____ 2003-2004 _____ 2002-2003 _____

TEAM MAKE-UP: # OF RETURNING STARTERS _____

OF RETURNING PLAYERS _____

JUNIOR TEAM 2005 SEASON RESULT: _____

OTHER SIGNIFICANT INFORMATION: _____

WHERE DO YOU FEEL YOUR TEAM SHOULD BE RANKED? WHY? (THIS IS STRICTLY USED FOR INFORMATION ONLY).

