REGISTRATION SHEET for

37th ANNUAL GTA

SCHOOLS ORIENTEERING MEET

We are not using on-line registration this year. Type or keyboard all required information on this manual form using MSWord. Attach the form to an e-mail and send it to the Meet Registrar, Malcolm Goddard, malcgod@gmail.com

Initial entry must be made by midnight, Wednesday, May 10. Necessary revisions must be made by 8.00 a.m., Saturday, May 13. Please bring your cheque, payable to the Toronto Orienteering Club., to the meet. Please remember that we never cancel because of the weather. We will be there!

**Name**: Enter **one competitor per line with given name first and family name last.** **Phone**: Enter an emergency number.

**Gender**: Enter M or F. **Age:** Enter the age the competitor will have at the end of the present calendar year (Dec. 31, 2017)..

**Class**: Enter one of M11-12, M13-14, M15-16, M17-19, F11-12, F13-14, F15-16, or F17-19. A team must run in a male class if one or more of the team members is a male. Competitors can also run in higher age classes although we do not encourage it. A hypothetical example could be a 15 year-old female and a 13 year-old male running as a pair. Each of them would have to register in the M15-16 class.

**Team Number**: Enter one competitor per line and **use the team number to tie the members of a team together**. A team can consist of a single, a pair, or a triple of competitors. For example, a school with 13 competitors might have three singles, two pairs, and two triples with team numbers S1, S2, S3, P1, P1, P2, P2, T1, T1, T1, T2, T2, T2 entered on 13 consecutive lines. It is not absolutely necessary to keep members of the same team on consecutive lines, but it is preferable to do so.

We always need adult monitors for certain points on the map and for coaching, et cetera. Please coordinate with us when registering your team.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | First Name(Given Name) | Last Name(Family Name) | Emergency Phone | M/F | Age | Class | Team No.  | Fee |
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| 19 |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |

**School Name School Address**

**School Mailing Address**

**School Phone and E-mail adress**

**Teacher’s Name and Emergency Phone. Teacher’s E-mail (OPTIONAL)**

**Please provide a separate list of Helpers’ names, emergency phone numbers, and e-mails(Optional)**