



Canadian Masters Teams Challenge
Team selection form

Team or Province _____

Manager name _____ Phone _____

Email _____@_____

Men selection

1- _____ Age group ____ Category ____

2- _____ Age group ____ Category ____

3- _____ Age group ____ Category ____

4- _____ Age group ____ Category ____

5- _____ Age group ____ Category ____

Substitute _____ Age Group ____ Category ____

Women selection

1- _____ Age group ____ Category ____

2- _____ Age group ____ Category ____

3- _____ Age group ____ Category ____

4- _____ Age group ____ Category ____

5- _____ Age group ____ Category ____

Substitute _____ Age Group ____ Category ____

Manager Signature _____ Date _____