

SEEDING INFORMATION

OFSAA CURLING

School Name: _____

Team Name: _____

Town/City: _____

Association: _____

Please provide this committee with the following information:

1. a) Did your team participate at the OFSAA Championship last year? Yes ____ No ____

b) Number of returning team members from last year's team. _____

c) Name(s) and Position(s) of returning team members.

2. Other helpful information for seeding purposes (i.e. bonspiel experience, record at bonspiels, junior competitive experience, etc.):

N.B. This information is necessary for effective seeding. Please fax the information to the convenor by the entry deadline date or as soon as you know that you are the Association representative. Failure to submit the seeding information form in a timely way may result in a lower seed placement.