

NCSSAA Intent to Travel Request to OFSAA 2016 PORT HOPE

School: _____

Coach: _____

	Name – Athlete (Please print clearly)	Male – Female (circle)
1		Male - Female
2		Male - Female
3		Male - Female
4		Male - Female
5		Male - Female
6		Male - Female
7		Male - Female
8		Male - Female
9		Male - Female
10		Male - Female
11		Male - Female
12		Male - Female
13		Male - Female
14		Male - Female
15		Male - Female

Supervisor who is traveling with the athlete(s): _____

Same Sex Supervisor who is traveling with the athlete(s): _____

Supervisor School: _____ **Contact #** _____