



Athlete Expression of Interest
 Team Newfoundland Labrador
 2017 North American Indigenous Games
 Toronto, Ontario
 July 16-23, 2017

Athlete information

Name:	
Address:	
Phone	Birth Date (dd/mm/yyyy)
Email:	Resident of NL Since:
Aboriginal group and Status Number	

Sports interested in? (You can put more than one checkmark ✓)

Athletics _____ Badminton _____ Golf _____
 Rifle shooting _____ Swimming _____ Volleyball _____ Wrestling _____
 Athletic Background

List all participation and achievements in sports identified, you may use extra paper.

Sport	Level of Participation

References

Please give the names, address and contact numbers of two (2) references.

	Reference #1	Reference #2
Name:		
Address:		
Phone:		
Email:		

Applicant Signature: _____

Parent/Guardian Signature _____

Date: _____

ALL APPLICATIONS AND ENQUIRIES SHOULD BE DIRECTED TO:

Todd Winters Phone ● 709-896-9218 Fax ● 709-896-9211

Email ● asrcnl@nf.aibn.com

Or Mike Alexander Phone ● 709-643-3130 Fax ● 709-643-3150

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