Official Rugby Canada Event Organization Form

Event Name: _____ **Address:** _____

Organizer Name: _____ **City:** _____

Start Date of Event: _____ (YYYYMMDD) **Postal Code:** _____

End Date of Event: _____ (YYYYMMDD) **Province:** _____

Email: _____ **Phone:** _____

Team Class Code: Club = C School = S Association = A Provincial Union = P

Team Name	Manager First Name	Manager Last Name	Email	Class Code	Province of Team

RUGBY CANADA
Toronto Office / Bureau de Toronto
30 Rue East Beaver Creek Road, Suite 110
Richmond Hill, ON CANADA L4B 1J2
Tel / Tél : 905 707 8998
Fax / Téléc : 905 707 9707

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3024 Rue Glen Lake Road
Langford, BC CANADA V9B 4B4
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rugbycanada.ca
info@rugbycanada.ca

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RUGBY CANADA

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First Name	Last Name	Date of Birth (dd/mm/yy)	Class Code	Registration Order Number	Province of Residence

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