Official Rugby Canada Roster Form

Team / Organization Name: _____ **Address:** _____

Contact Name: _____ **City:** _____

Email: _____ **Postal Code:** _____

Phone: _____ **Province:** _____

Member Class Code: Employee = E, Volunteer = V, Manager = M, Player = P, Coach = C, Medical = MED, Official / Referee = R, Director / Officer = D / O

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

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

Victoria Office / Bureau de Victoria
3024 Rue Glen Lake Road
Langford, BC CANADA V9B 4B4
Tel / Tél : 250 418 8998
Fax / Téléc : 250 386 3810

rugbycanada.ca
info@rugbycanada.ca

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