EOSSAA TEAM SEEDING INFORMATION

In order to seed your team correctly, the seeding committee requires all the following information be fully and neatly completed. Please type directly in the space below.

SCHOOL: _____

TEAM NAME: _____

TOWN/CITY: _____ ASSOCIATION: _____

SEASON RECORD: _____ LEAGUE RECORD: _____

DID YOUR TEAM PARTICIPATE IN EOSSAA IN

Last Year _____ Two Years Ago _____ 3 Years Ago _____

LIST SIGNIFICANT EOSSAA RESULTS IN EACH OF THESE YEARS:

_____

_____

_____

DID YOUR TEAM PARTICIPATE IN OFSAA IN:

Last Year _____ Two Years Ago _____ 3 Years Ago _____

LIST SIGNIFICANT OFSAA RESULTS IN EACH OF THESE YEARS:

_____

TEAM MAKE-UP: # OF RETURNING STARTERS _____

                    # OF RETURNING PLAYERS _____

JUNIOR TEAM RESULT AT EOSSAA LAST YEAR (IF SENIOR): _____

OTHER SIGNIFICANT INFORMATION: _____

_____

_____

WHERE DO YOU FEEL YOUR TEAM SHOULD BE RANKED? WHY? (THIS IS STRICTLY USED FOR INFORMATION ONLY).

_____

_____

TEAM SEEDING – SEASON GAME RESULTS

Exhibition Games

Opponent	Association	City of Opponent	Classification Level of Opponent	Game Outcome (win, loss or tie)	Score

League Games

Opponent	Association	City of Opponent	Classification Level of Opponent	Game Outcome (win, loss or tie)	Score

Playoff Games

Opponent	Association	City of Opponent	Classification Level of Opponent	Game Outcome (win, loss or tie)	Score

Tournament Games

Opponent	Association	City of Opponent	Classification Level of Opponent	Game Outcome (win, loss or tie)	Score

(Please duplicate sheet if necessary)