



Touring Submission Form

Team name: _____

Date: _____

Division of competition & general description of team:

Contact Information:

Primary – Name: _____ Phone#: _____
Email: _____

Secondary – Name: _____ Phone#: _____
Email: _____

Alternate – Name: _____ Phone#: _____
Email: _____

Preferred practice night(s) for your team: _____

Preferred field category(s) for your team practices: _____

Field space(s) that TUC offered your team for practices last year (if applicable):

Total points your team will commit to achieving (be realistic): _____

Proposed volunteer hours & services:

Tournaments your team will participate in this year (please include Provincials & Nationals if applicable):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date by which you will enter your full team roster into the 'TUC Touring League' on the TUC website: _____
(80% of team players should also be members of the Toronto Ultimate Club)

I have fully read and accept the terms outlined in the TUC Touring Policy: _____
(Captain's Signature)