

MISSISSAUGA TOUCH FOOTBALL LEAGUE

PLAYER RECRUITMENT FORM

PLAYER INFORMATION

Information you provide should be current, allowing us to contact you in a reasonable manner to inform you of any possible openings or prospects of joining a team for the upcoming season.

Name: _____

Address: _____

City: _____ Postal Code: _____

Tel. No.: _____ Home Mobile
 Work Other Date of Birth: (yyyy/mm/dd) _____

Alt. No.: _____ Home Mobile
 Work Other

e-mail: _____

QUESTIONNAIRE

Please answer the following questions as best you can so that we can determine the appropriate division (skill level) you would be best suited for, and in informing teams within that division looking for players of your calibre.

1a. **Have you ever played tackle football?**
For example: High School, University, other and please indicate where

1b. If yes above, please indicate for how long and at which positions.

2a. **Have you ever played organized touch football before?**

2b. If yes above, please indicate for how long, at which positions and for which leagues.

3. **Which position are you looking to play?**
For example: Quarterback, Centre, Rusher, Receiver, Defence

4. **Is there a preferred 'week night' you wish to play on?**

Mon Tue Wed Thu

5. **Is there a 'week night' you are not able to play due to work or personal commitment?**

Mon Tue Wed Thu

6. **Would you be interested in supporting the league in any other role? For example:**

Captain of a whole new team Yes No

League Executive Member Yes No

Divisional Representative Yes No

Financial Sponsor Yes No

7. **Would you be interested in becoming a referee for the league?**

Yes No