

2010 ONTARIO CUP

Initial Ranking Review Form

<p style="text-align: center;">Team Name</p> <p style="text-align: center;"><i>(City + Nickname + Team Number - i.e. Kanata Cavaliers #1)</i></p> <p style="text-align: center;">Team ID #</p> <p style="text-align: center;">_____</p>	<p style="text-align: center;">Age Category</p> <p> <input type="radio"/> U10 Novice <input type="radio"/> U15 Midget <input type="radio"/> U11 Atom <input type="radio"/> U16 Major <input type="radio"/> U12 Major Atom Midget <input type="radio"/> U13 Bantam <input type="radio"/> U17 Juvenile <input type="radio"/> U14 Major Bantam <input type="radio"/> U19 Junior </p>	<p style="text-align: center;">Gender</p> <p> <input type="radio"/> Female <input type="radio"/> Male </p>
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TEAM CONTACT

Name:	Address:	
City:	Province: Ontario	Postal Code:
Home Phone:	Business Phone:	Home/Work Fax:
Email:		

Please note that is an optional review form available for all coaches competing in the Ontario Cup tournament. This is not the submission of results form. All scores must be posted online using the Team Tracking login that can be accessed at <https://www.basketball.on.ca/coach/login/>

Your team record vs. Ontario Basketball teams: Wins: _____ Loss: _____

Do you feel your team ranking is? (circle one) Too high Too Low Fair

If you feel that your rank is too high or low, please provide scores against teams below or higher to support your case.

- Opponent _____ Opponents Initial Rank _____ Opponent Score _____ Your Score _____ Date _____
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Please provide any additional information or comments that may help the Ranking & Seeding Committee better rank your team. We do read your comments so any help you could provide would be appreciated.:
