



FAMILY SERVICES OTTAWA'S
MUSIC TRIVIA FUNDRAISER

TEAM PLAYER FORM 2019

FRIDAY, OCTOBER 25, 2019
6:00 - 11:00 PM
TUDOR HALL
MUSICONAMMISSION.CA

Kindly complete the form
by filling in all information
for each player.

Please print/type clearly.

It is **extremely important** to note all
allergies and/or dietary restrictions
relevant to each player ASAP.

PLEASE RETURN THIS FORM ASAP TO:
EMAIL: INFO@MUSICONAMMISSION.CA
FAX: 613-590-9952

HOST/ORGANIZATION: _____

*TEAM NAME 1ST CHOICE: _____

NAME OF OFFICIAL TEAM CAPTAIN: _____

PHONE/CELL: _____

EMAIL(S): _____

**Your table sign will be printed with your team name. Some suggestions: choose your favourite band, artist, classic album, or something completely original (eg. a music-themed play on words)!*

<p>1</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>ORG: _____</p> <p>EMAIL: _____</p> <p>ALLERGY / DIETARY RESTRICTION: _____ _____</p>	<p>2</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>ORG: _____</p> <p>EMAIL: _____</p> <p>ALLERGY / DIETARY RESTRICTION: _____ _____</p>
<p>3</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>ORG: _____</p> <p>EMAIL: _____</p> <p>ALLERGY / DIETARY RESTRICTION: _____ _____</p>	<p>4</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>ORG: _____</p> <p>EMAIL: _____</p> <p>ALLERGY / DIETARY RESTRICTION: _____ _____</p>
<p>5</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>ORG: _____</p> <p>EMAIL: _____</p> <p>ALLERGY / DIETARY RESTRICTION: _____ _____</p>	<p>6</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>ORG: _____</p> <p>EMAIL: _____</p> <p>ALLERGY / DIETARY RESTRICTION: _____ _____</p>
<p>7</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>ORG: _____</p> <p>EMAIL: _____</p> <p>ALLERGY / DIETARY RESTRICTION: _____ _____</p>	<p>8</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>ORG: _____</p> <p>EMAIL: _____</p> <p>ALLERGY / DIETARY RESTRICTION: _____ _____</p>
<p>9</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>ORG: _____</p> <p>EMAIL: _____</p> <p>ALLERGY / DIETARY RESTRICTION: _____ _____</p>	<p>10</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>ORG: _____</p> <p>EMAIL: _____</p> <p>ALLERGY / DIETARY RESTRICTION: _____ _____</p>