

WOOA PLAY-OFF AGREEMENT

To be completed before the start of the first WOOA playoff game of a **series**.
(not needed for round robin or single game playoffs)

Series between _____ and _____
(name of centre) (name of centre)

PLEASE **Rep Tier --** 1 2 3 **LL**

CIRCLE **DIVISION:** U11 U13 U15 U18 U21

SERIES IS A: 4 POINT OTHER: _____

_____ SEMI-FINAL _____ FINAL

DATES AND TIMES OF GAMES

GAME NO:	DATE:	TIME:	LOCATION:	LENGTH OF PERIODS:				TEAM SCORES:	
				1	2	3	O/T	HOME	VISITOR
1.							10 sv		
2.							10 sv		
3.							10 sv		
4.							10 sv		

Remarks: _____

Signatures : TEAM: _____

MANAGER: _____

TEAM: _____

MANAGER: _____

Date agreement signed: _____

Send completed agreement to: WOOA Office, P.O. Box 110, Wingham, ON. N0G 2W0

OR fax: (519) 357-4341, OR email woaa@hurontel.on.ca

Also send a copy to the appropriate Division Convenor and a copy to Paul Sebastian paul.sebastian@omha.net

Each team shall retain a copy.

After each game the home team must ensure the score has been inputted either through the completion of the Gamesheet Inc. report or direct input into theOneDB.

Missing scores can be reported to Rick Vivian rvivian@ezlink.ca WOOA website www.woaa.on.ca