

**OSHAWA CITY AND DISTRICT FASTBALL LEAGUE
SUPPLEMENTARY LEAGUE CERTIFICATE**

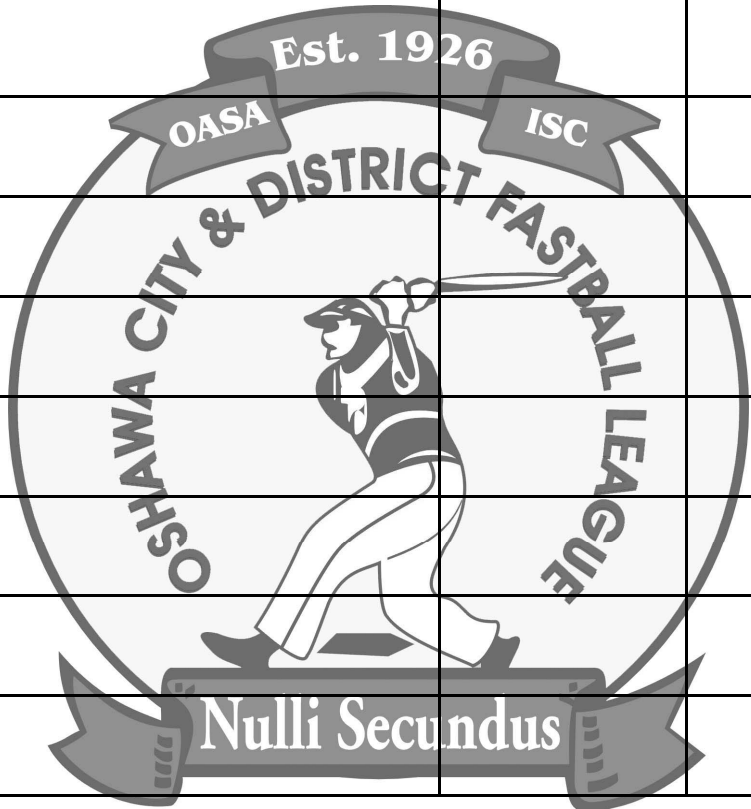
PLEASE PRINT

DIVISION: *CAMPBELL* *BRADY*
(Please Check One)

TEAM NAME: _____ **YEAR:** _____

This form is to be used in conjunction with O.C. & D.F.L. Playing Rule # 13 and must be completed for each player who is not included on the original team roster. It is understood that players included on the Supplementary Player Certificate are not eligible for participation in the League Championship or playoff games.

<i>Player Name</i>	<i>Address Street and #, apt #, City/Town, postal code</i>	<i>Telephone #</i>	<i>Date Played</i>	<i>Signature</i>



2004CERT.SUPP

COACH: _____

LEAGUE APPROVED: _____

MANAGER: _____

This form must be filed with the League Secretary no later than August 31st.
Please send to: Sylvia Ryan, 79 Thickson Rd.N., Whitby, Ontario L1N 3P7