



District Contact
Information

To maintain up-to-date, accurate records for the Ontario Senior Games Association's Office, please complete the following information. This will ensure that all correspondence and contact information will be made with the appropriate person.

Date submitted: _____

DISTRICT NUMBER: _____

DISTRICT NAME: _____

DISTRICT COORDINATOR: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

TELEPHONE: () _____

EMAIL: _____

DISTRICT WEBSITE (if available): _____

ALTERNATE CONTACT:

Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone: () _____

Email: _____

Thank you!