

OFFICIAL TEAM REGISTRATION FORM 2023-2024 SEASON

Please print and fill out ALL information on the front and back of the form clearly and correctly. The cost of registration is \$60.00 per player.

TEAM NAME:					
PREV TEAM NAME:					
TEAM VENUE:					
Name and Contact:					
Address:					
Phone Number:		·			
*please make a note for a	ny venues w	vith events that	interfere with leag	ue play night.	
Name, address, phone nu and all other team member for all members other than	ers, please p	provide name, aı	•	-	•
CAPTAIN:					
ADDRESS:					
PHONE NUMBER:		·			
EMAIL					
CO-CAPTAIN:					
ADDRESS:					
PHONE NUMBER:		·			
DIVISION REQUESTED:					
NOTE: All entries MUST be along with FULL payment You must have at least fo	t and your co	ompleted regist	ration form.	league.	
\$ PAID: CASHCHEQU	JE(CHEQUE NUMBER _	INITIALS	DATE	_ (executive use)

REMAIMING team members FULL names, and phone numbers :

MEMBER #1 NAME	 	
PHONE #	 -	
MEMBER #2 NAME	 	
PHONE #	 -	
MEMBER #3 NAME	 	
PHONE #	 -	
MEMBER #4 NAME	 	
PHONE #	 -	
MEMBER #5 NAME	 	
PHONE #	 -	
MEMBER #6 NAME	 	
PHONE #	 -	
Comments:		