

OFFICIAL TEAM REGISTRATION FORM 2024-2025 SEASON

Please print and fill out ALL information on the front and back of the form clearly and correctly. The cost of registration is \$65.00 per player.

TEAM NAME:		
PREV TEAM NAME:		
TEAM VENUE:		
Name and Contact:		
Address:		
Phone Number:	-	
*please make a note for a	ny venues with events that interfere with league play night.	
	mber and email for Captain, name and phone number only for Co-captain ers, please provide name, and phone number on the back of the form a Captain/Co-Captain	
CAPTAIN:		
ADDRESS:		
PHONE NUMBER:	-	
EMAIL		
CO-CAPTAIN:		
ADDRESS:		
PHONE NUMBER:	<u>-</u>	
DIVISION REQUESTED:		
along with FULL paymen	e received on or before August 6th, 2024 and your completed registration form. ur (4) players to register a team to play in the league.	

\$ PAID: CASH _____CHEQUE ____CHEQUE NUMBER ____INITIALS ____DATE ____(executive use)

REMAIMING team members FULL names, and phone numbers (Please PRINT clearly)

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