Indicate Division and Category Your Team wishes to apply for:

Team Name: ______________________ **City Representing:** ______________

Team Contact: ______________________ **Address:** ______________________

P/C: __________ Telephone: Res: __________ Bus: __________ Ext: ______ Fax: __________

Alternate Contact: ______________________ **Address:** ______________________

P/C: __________ Telephone: Res: __________ Bus: __________ Ext: ______ Fax: __________

League: ______________________ **Address:** ______________________

P/C: __________ Telephone: Res: __________ Bus: __________ Ext: ______ Fax: __________

Is this Roster Registered with Slo-Pitch Ontario ☐ No ☐ .: SPO# __________

Other Team Names used or Team Name last year: ______________ Last Tournament Entered: __________

PLAYER'S NAME Last Name/ First Name/ Init.	**Player's Signature **** For release of Lliability & Assumption of Risk (Must be 18 to sign) **	**Date of Birth** Month/ Day/ Year	**Player's Address** City/ Address/ Postal Code	**Telephone Number**