



2017/2018 REGISTRATION FORM

DATE: _____

TEAM NAME: _____

PLEASE CHECK POSTION: CAPTAIN REGULAR SPARE

IF THE PLAYER POSTION CHOSEN IS SPARE, ARE YOU WILLING TO SPARE IN THE FUTURE:

YES, FOR THIS TEAM ONLY YES, FOR ANY TEAM THAT NEEDS A SPARE NO

FIRST NAME: _____ LAST NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____ OK TO TEXT? YES NO

EMAIL ADDRESS: _____

SHIRT SIZE: SMALL MEDIUM LARGE XL XXL

THE SECTION BELOW IS FOR ACCOUNTING PURPOSES ONLY

FEES			
TYPE	AMOUNT	PAID DATE	RECIPT NUMBER
INDIVIDUAL	\$150.00		
TEAM	\$500.00		
SPARE/NIGHT	\$7.00		

TREASURER'S SIGNATURE: _____

TREASURER: SABANA JAFFER - CELL 604-897-3044 - EMAIL: SABANAJ@OUTLOOK.COM