



# 2018 Alberta League Application

**Players must be 18 years of age to participate.**

Choose all that apply for "Division" column below:

**M** Mens **W** Womens **X** Coed

Open/Elite, A, B, C, D, E, F Ind, Mod Masters, Seniors, Comp, Inter, E (rec), M35, M40, M45, M50, M55, M60, M65, W30, W35, W40, CX35

**OTHER:** \_\_\_\_\_

**League Name** \_\_\_\_\_

Send all team registration packages to League President for distribution

**League President** \_\_\_\_\_

**League Secretary** \_\_\_\_\_

Apt/Unit# \_\_\_\_\_ Address \_\_\_\_\_ City/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Apt/Unit# \_\_\_\_\_ Address \_\_\_\_\_ City/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Home tel \_\_\_\_\_ Work/Cell tel \_\_\_\_\_

Home tel \_\_\_\_\_ Work/Cell tel \_\_\_\_\_

**Email** \_\_\_\_\_

**Email** \_\_\_\_\_

Affiliated in 2017? Yes / No 2016 SPN League Registration #: \_\_\_\_\_

**PLEASE PRINT CLEARLY AND PROVIDE ALL INFORMATION AS REQUESTED ON THE FORM**

Team Name	Primary Contact	MANDATORY – Email	Male / Female	COMPLETE MAILING ADDRESS including city and postal code	Phone Number	Division
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

\*Please make additional copies of this application if required.

**League affiliation fee enclosed** - Covers the cost of affiliating your league as members of SPN and receiving 2017 SPN rulebook and magazines. Prices include HST (# 865248058)

**INSURANCE:** \$5,000,000 liability insurance, plus secondary benefits in accident insurance for each member of your team. Coverage commences when SPN receives payment for insured membership.

**INSURED:** # of teams \_\_\_\_\_ x \$95 = \$ \_\_\_\_\_

**NON-INSURED:** # of teams \_\_\_\_\_ x \$55 = \$ \_\_\_\_\_

Make cheques payable to: **Slo-Pitch National Softball Inc.**

Send applications, cheques and enquiries to: SPN Alberta c/o PO BOX 53190, RPO MARLBOROUGH, CALGARY AB, T2A 7L9 or via email: [spnab@slo-pitch.com](mailto:spnab@slo-pitch.com)

**CREDIT CARD PAYMENTS** can be made using MasterCard or Visa - in person or by mail.

\*Secure credit card services are available via Internet\*

Card type (check one):  MasterCard  Visa Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ CVV (3 digits on back): \_\_\_\_\_

Print cardholder's name \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

Cardholder's phone number – with area code \_\_\_\_\_