



2019 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 2018? Yes / No 2018 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 2019 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**

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 _____