

## SOFTBALL ALBERTA - TEAM AFFILIATION FORM

**TEAM NAME:**   
**Contact Person:**   
**Phone Number:**   
**Email Address:**

**LEAGUE PARTICIPATING IN:**   
**Address & City:**   
**Postal Code:**   
**Zone:**

**Category:**   
**Gender:**   
**Fees Owed:**

If this information is not filled out completely, insurance will not be valid for that individual. Only exception is Email.

<i>Player</i>												
	First Name	Last Name	M / F	Physical Address	City/Town, Prov	Postal Code	Phone no.	Birthday			Email Address	
								DD	MM	YYYY		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

<i>Coach / Manager</i>												
	First Name	Last Name	M / F	Address	City/Town, Province	Postal Code	Phone no.	Birthday			Email Address	
								DD	MM	YYYY		
1												
2												
3												
4												

[All personal information provided to Softball Alberta on these forms/rosters will be used only for registration insurance, scouting and communication purposes and will remain confidential]

<i>For office use only</i>				
Received	Team Entered	Paid	Invoice #	Participants Entered

**\*FORM MUST BE EMAILED AS AN ATTACHMENT TO: [info@softballalberta.ca](mailto:info@softballalberta.ca)\***