

TYPE OR PRINT CLEARLY - YOU ARE MAKING 2 COPIES



SPN Team Reg. No.: _____ For Office Use Only City Representing: _____ TEAM NAME: _____
 Was Team Registered with SPN Last Year? No Yes - If "Yes", SPN Team Reg. No.: _____ Final Year-Ending Ranking _____
 Team Contact: _____ Address: _____ P/C _____
 Male Female Tel. - Res.: () - () - () Bus: () - () - () e-mail: _____
 Alternate Contact: _____ Address: _____ P/C _____
 Male Female Tel. - Res.: () - () - () Bus: () - () - () e-mail: _____
 Name of League: _____ League Contact: _____ Address: _____
 Male Female Tel. - Res.: () - () - () Bus: () - () - () e-mail: _____

Circle Division and Category
 Your Team Wishes to Apply For

MENS / WOMENS / COED

Open Elite	F
A	Ind
D	Mod
B	
E	
C	

MASTERS

Mens	30-39	40-49	50-59	60-69
Women	30-39	40-49	50-59	60-69
Coed	30-39	40-49	50-59	60-69

SENIORS

Mens	50-59	60-69	70-79	80-89
Women	50-59	60-69	70-79	80-89
Coed	50-59	60-69	70-79	80-89

THIS FORM IS NOT TO BE CONSIDERED CONTRIBUTION OF TEAM CALIBRE TEAM RANKING MAY BE CHECKED WITH ANY SLO-PITCH NATIONAL CO-ORDINATOR OR DIRECTOR. SEE RULE BOOK FOR CONTACT INFORMATION

Other _____ *NOTE - Divisions in bold may be offered in the National Championships. (Except Womens E)
****READ AND UNDERSTAND BACK OF PAGE BEFORE SIGNING** RELEASE AND ASSUMPTION - IN SIGNING THIS FORM, I DECLARE THAT I HAVE READ AND UNDERSTAND FULLY DETAILS OF THE "RELEASE AND ASSUMPTION AGREEMENT" ON THE REVERSE AND AGREE TO RELEASE FROM LIABILITY AND WAIVE ALL CLAIMS.**

Player's Name (PLEASE PRINT) Surname First Name	Init.	M/F	Date of Birth Month-Day-Year	CITY	Player's Address Address	Postal Code	Telephone Number	Player's Signature (Must be 18 to sign)**
1.								I agree to waiver**
2.								I agree to waiver**
3.								I agree to waiver**
4.								I agree to waiver**
5.								I agree to waiver**
6.								I agree to waiver**
7.								I agree to waiver**
8.								I agree to waiver**
9.								I agree to waiver**
10.								I agree to waiver**
11.								I agree to waiver**
12.								I agree to waiver**
13.								I agree to waiver**
14.								I agree to waiver**
15.								I agree to waiver**
16.								I agree to waiver**
17.								I agree to waiver**
18.								I agree to waiver**
19.								I agree to waiver**
20.								I agree to waiver**

MANAGERS/COACHES: * (the undersigned, hereby declare that I have read, accept and understand fully the details of the "Release and Assumption Agreement" on the reverse. PLAYING MANAGERS/COACHES MUST ALSO SIGN IN THE PLAYERS SECTION ABOVE.

Manager or Coach Surname	Manager/Coach's Name First Name	Init.	M/F	Date of Birth Month-Day-Year	CITY	Player's Address Address	Postal Code	Telephone Number	Player's Signature (Must be 18 to sign)**
									I agree to waiver**
									I agree to waiver**
									I agree to waiver**

*** See Reverse for Awards Limitations. Return Original Copy to SPN Head Office. NOTE: MEMBERS MUST BE A FULL TIME CANADIAN RESIDENT AND 18 YEARS OF AGE TO SIGN. - SEE REVERSE FOR DETAILS -