
NEW PLAYER REGISTRATION FORM

Name:

Address:

City:

Postal Code:

Home Telephone:

Business/Cell Telephone:

E-mail Address:

Date of Birth:

Have you ever played in an organized baseball league? Yes No

If so, what type of league? (i.e. fastball, slo-pitch, 3-pitch, ladies only, mixed, etc)

When was the last time you played in a league or on a team?

3 positions you have played in the past:

What positions would you like to play this year?

1.

1.

2.

2.

3.

3.

****NOTE:**

The league will not be accepting any special requests (specific teams, players, etc.) when drafting teams.

A \$50.00 cancellation penalty will apply for anyone wishing a refund of their registration fee post-draft day. The only exemption from the penalty is for those with medical reasons.

Shirt Size: S M L XL XXL XXXL

KLSP use only:

Date paid: _____ Received by: _____

Paid by: Cash Cheque (Post dated) _____