
REGISTRATION FORM

Name:

Address:

City:

Postal Code:

Home Telephone:

Business/Cell Telephone:

E-mail Address:

Date of Birth:

Last KLSPL Team played for:

Year:

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.

Would you be interested in being a team captain? yes no

Would you be interested in being an executive member? yes no

Shirt Size: S M L XL XXL XXXL

KLSPL use only:

Date paid: _____ Received by: _____

Paid by: Cash Cheque (Post dated) _____