2020 WECSSO SLO-PITCH REGISTRATION FORM

(PLEASE PRINT LEGIBLY THROUGHOUT THIS FORM)

NAME	DATE OF BIRTH					
			DAY YEA	R		
ADDRESS(NUMBER & STREET)						
(NUMBER & STREET)	(CITY)	(POSTA	L CODE)			
TELEPHONE - home	cell					
EMAIL ADDRESS						
(PLEASE CIRCLE) IN WHAT DIVISION DID YOU PLAY IN 2019?	GREEN BLU	JE RED) NONE			
IN WHAT DIVISION WOULD YOU LIKE TO PL	LAY IN 2020? GRE	EN BLU	JE RED			
ARE YOU A NEW (<u>FIRST-TIME</u>) PLAYER TO V	WECSSO SLO-PITCI	H THIS YEAI	R? YES	NO		
HOW DID YOU HEAR ABOUT OUR SLO-PITC	H LEAGUE ?					
WILL YOU BE PLAYING? FULL-TIME	PART-TIME					
WHICH INFIELD OR OUTFIELD POSITION(S)	(CIRCLE ONE OR M	MORE) DO Y	OU PREFER	R TO PL	ΔΥ?	
<u>INFIELD</u> : PITCH, 1ST, 2ND, ROVER, S	S, 3RD, CATCH	OUTFIELD:	LF, LC,	RC,	RF	
ARE YOU INTERESTED IN MANAGING A TEA	AM? YES NO	POSSII	BLY			
ARE YOU INTERESTED IN UMPIRING? YE	ES NO POSS	SIBLY				
ARE YOU INTERESTED IN TAKING DEFIBRIL	LATOR TRAINING?	YES	NO			
SIGNATURE	REGISTE	RATION DAT	E			

A PITCHING SCREEN WILL BE USED IN ALL DIVISIONS

PLEASE INCLUDE A CHEQUE FOR \$75.00 (\$20 - nonrefundable) WITH THIS FORM

<u>PAID</u> REGISTRATIONS <u>MUST</u> BE <u>RECEIVED</u> BEFORE MARCH 01, 2020 TO ENSURE PLACEMENT ON A TEAM!

PLEASE MAKE CHEQUE (postdated accepted) PAYABLE TO: WECSSO

MAIL THIS FORM AND YOUR CHEQUE TO:

BILL MAGONE 568 GREENDALE DR. WINDSOR ON N8S 4A8 PHONE # 519 996 9365

Email: bmagone@cogeco.ca

Paid Cash	Cheque	Date Rec'd:	Cheque #:
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