

2024 WECSO OUTDOOR SLO-PITCH REGISTRATION FORM
(PLEASE PRINT LEGIBLY THROUGHOUT THIS FORM)

NAME _____ DATE OF BIRTH _____
MONTH DAY YEAR

ADDRESS _____
(NUMBER & STREET) (CITY) (POSTAL CODE)

TELEPHONE – home _____ cell _____

EMAIL ADDRESS (print) _____

EMERGENCY CONTACT _____ PHONE NO. _____

**DO YOU HAVE ANY MEDICAL ISSUES THAT OUR FIRST-AID COORDINATOR OR YOUR
MANAGER SHOULD KNOW, WHICH WOULD ASSIST YOU DURING THE SEASON? OPTIONAL: YES/NO**

IF YES, PLEASE OUTLINE (USE BACK IF NECESSARY) _____

IN WHAT DIVISION DID YOU PLAY IN **2023**? **PLEASE CIRCLE:** GREEN BLUE RED NONE

WHAT DIVISION WOULD YOU LIKE TO PLAY IN **2024**? **CIRCLE ONE:** GREEN BLUE RED

WILL YOU PLAY IN A 2nd DIVISION (PROVIDED THERE IS ROOM)? IF YES, CIRCLE GREEN BLUE RED

ARE YOU A NEW (FIRST-TIME) PLAYER TO WECSO SLO-PITCH THIS YEAR? YES NO

IF YOU ARE A PART-TIME PLAYER, CHECK HERE. _____. WHICH DAY WILL YOU PLAY? _____

WHICH INFIELD OR OUTFIELD POSITION(S) (CIRCLE ONE OR MORE) DO YOU PREFER TO PLAY?

INFIELD: PITCH, 1ST, 2ND, ROVER, SS, 3RD, CATCH **OUTFIELD:** LF, LC, RC, RF, ANY

ARE YOU INTERESTED IN MANAGING A TEAM? YES NO POSSIBLY

ARE YOU INTERESTED IN UMPIRING? YES NO POSSIBLY

ARE YOU INTERESTED IN TAKING DEFIBRILATOR TRAINING? YES NO

SIGNATURE _____ REGISTRATION DATE _____

**PLEASE INCLUDE A CHEQUE FOR \$75.00 (\$20 non-refundable) or \$100.00 for 2 Divisions WITH THIS
FORM**

PLEASE MAKE CHEQUE (postdated accepted) PAYABLE TO: WECSO

ETRANSFERS ACCEPTED AT wecssobaseball@gmail.com

**PAID REGISTRATIONS MUST BE RECEIVED BEFORE
January 31, 2024 TO ENSURE PLACEMENT ON A TEAM!**

MAIL THIS FORM AND YOUR CHEQUE TO:

**Brian Adlam
3095 Stillmeadow Rd.
WINDSOR ON N8R 1N2 PHONE # 226 348 5432
Email: b_adlam@hotmail.com**

Paid Cash _____, Cheque _____ - Cheque # _____, e-transfer _____	Date Rec'd: _____
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