

2026 WECSO 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 SHOULD KNOW WHICH WOULD ASSIST YOU DURING THE SEASON? : YES/NO

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

WHAT DIVISION DID YOU PLAY IN 2025? (PLEASE CIRCLE) **GREEN BLUE RED NONE**

WHAT DIVISION WOULD YOU LIKE TO PLAY IN 2026? (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 OR NO
IF YES, CIRCLE YOUR SHIRT SIZE FROM THE MEN'S SHIRT SIZES: S M L XL XXL XXXL XXXXL

IF YOU ARE A SINGLE DIVISION PART-TIME PLAYER, CHECK WHICH DAY YOU WISH TO PLAY?
__MON __TUE __WED __THU

IF YOU ARE 2nd DIVISION PART-TIME PLAYER, CHECK WHICH DAY YOU WISH TO PLAY.
__MON __TUE __WED __THU

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, CF, RC, RF, ANY

ARE YOU INTERESTED IN MANAGING A TEAM? YES NO

ARE YOU INTERESTED IN UMPIRING? YES NO

ARE YOU INTERESTED IN TAKING DEFIBRILATOR TRAINING? YES NO

ALL GAME START TIMES ARE AT 10:00AM. EXCEPTION: FOR THE MONTHS OF JULY AND AUGUST ALL GAME TIMES WILL START AT 9:30AM TO AVOID THE HOT WEATHER.

ALL MEMBERS MUST REGISTER WITH NSA CANADA at: <https://nsacanada.ca/>
PLEASE CHECK THE APPROPRIATE BOX BELOW

I am REGISTERED with NSA Canada. I WILL REGISTER with NSA Canada before the season starts.

SIGNATURE _____ REGISTRATION DATE _____

PLEASE INCLUDE A CHEQUE FOR \$75.00 (\$20 non-refundable) WITH THIS FORM FOR 1 DIVISION OR \$125.00 (\$20 non-refundable) FOR 2 DIVISIONS

PLEASE MAKE CHEQUE (postdated accepted) PAYABLE TO: WECSO
ETRAANSFERS ACCEPTED AT wecssobaseball@gmail.com
PAID REGISTRATIONS MUST BE RECEIVED BEFORE
January 31, 2026 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 _____ Etransfer _____