

2027 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 **LAST YEAR?** (PLEASE CIRCLE) **GREEN BLUE RED NONE**

WHAT DIVISION WOULD YOU LIKE TO PLAY IN **THIS YEAR?** (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, C **OUTFIELD:** LF, LC, CF, RC, RF, ANY

WHICH YEAR DID YOU FIRST START TO PLAY IN THE WECSO LEAGUE (ex: 2006). _____

ARE YOU A LIFE MEMBER (20+ YEARS)? YES NO

ARE YOU INTERESTED IN **MANAGING** A TEAM? YES NO

ARE YOU INTERESTED IN **UMPIRING?** 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 \$100.00 (\$20 non-refundable) WITH THIS FORM FOR 1 DIVISION OR \$175.00 (\$20 non-refundable) FOR 2 DIVISIONS

PLEASE MAKE CHEQUE (postdated accepted) PAYABLE TO: WECSO

E-TRANSFERS ACCEPTED AT wecssobaseball@gmail.com

**PAID REGISTRATIONS MUST BE RECEIVED BEFORE
January 31, 2027 TO ENSURE PLACEMENT ON A TEAM!**

MAIL THIS FORM AND YOUR CHEQUE TO:

Ron Ottogalli, 1085 Coventry Court, WINDSOR, ON, N8S 2W6, PHONE # 519-944-5635

Email: ronottogalli@yahoo.ca

Paid Cash _____	Cheque _____	Etransfer _____
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