BARRIE SENIOR COED SLO-PITCH LEAGUE

2025 Registration Form

Name (please print):				
Address: Street		Ci		
Postal Code	Age in 2025	G		
Telephone: Home		Cell		
Email:		-		
Have you participated in this L	eague prior to this yea	ar?		
Are you registering with a spo	use/partner?			
If so, pleas	e provide name:			
Are you registering to play: (P	lease circle only one)			
One day per week: Mondays at Shear P			Yes	Fee: \$85
Wedn	esdays at Barrie Spor	ts Complex (BS0	C) Yes	Fee: \$115
Twice a week (Mondays at Shear Park and Wednesdays at BSC)			C) Yes	Fee: \$200
Do you hold a valid First Aid Certificate?				No
Are you planning to be away for more than 2 consecutive weeks?			Yes	No
Details				
Emergency Contact (available	during game times)			
Name:				
Telephone:				
Signature of applicant:			Date:	

Office Use Only

Registration Date		Received by		
Number of Days Playing	Monday	Wednesday	Twice/week	
Signed Waiver & Consent Form				
Registration Fees Paid	Cash	Cheque	E-Transfer	