## **REGINA. SK S4P 2L7 2016 MEMBERSHIP REGISTRATION FORM** Re Ar one \_\_\_\_\_ **CATEGORIES:** Player.....P FEE: \$25.00 RALLY CAP Manager.....M \_\_\_\_\_ Tel Res/Bus \_\_\_\_ (born 2008 or later) Contact \_ Executive.....E Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Bat Boy/Girl...B \$30.00 ALL OTHERS Coach.....C Email Fax ALL BOXES BELOW ARE MANDATORY TO FILL IN. IF NOT, FORM WILL BE RETURNED FOR COMPLETION. BIRTH DATE M D Y MAILING ADDRESS BOX NUMBER OR STREET ADDRESS POSTAL CODE NAME **CITY/TOWN** PHONE M/F CATEGORY EMAIL ADDRESS 1 2 3 Δ 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

## PLEASE DO NOT FAX THIS FORM TO OFFICE. MAIL IN OR HAND DELIVER.

## **DEADLINE: MAY 15, 2016**

PHONE: (306) 780-9237 www.saskbaseball.ca	
League Name	Zc
Team Name	
Contract	T-I D (D

**BASEBALL SASK** 

**1870 LORNE STREET** 

SBA Use	Rally Cap	
Date Received	Mosquito	
Registrar's Signature	Pee Wee	
Amount Paid	Bantam	
SEBAA	Midget	
	Junior	
	Senior	
	Coach	
ASK	Manager/Exec	