



West End Slo-Pitch Association 2007 Registration Form

Box 471 - 1027 Davie Street
Vancouver, BC, V6E 4L2

Contact Information

PLEASE PRINT CLEARLY

First Name:

Last Name:

Address: Apt:

City: Postal Code:

Phone #: Alternate #:

Email:

Additional Information

Would you like your name and telephone number listed in a league wide phone list? Yes No
If you select "No" your name will appear on the phone list, but your telephone number will not be listed

Do you want your batting statistics published in a league wide report? Yes No
Batting statistics will be available to your team coach. If you select "No", your information will not be included in the league wide report

Are you interested in volunteering to keep score for some games during the season? Yes No

How did you hear about WESA? Returning Member Xtra West Web Site
 Friend Poster / Flyer Other

Player Information

- Please list 3 positions that you would like to play.
- Rate your comfort/skill level each on a scale of 1-10

(1 = no comfort / skill • 10 = extremely comfortable/highly skilled)

	Position	Comfort / Skill
1		
2		
3		

Division Choice

Which Division are you interested in registering for?

C Division D Division

- Registration fees are \$110 per player on or before March 18th - \$135 after March 18th
- More information is available on the divisions
- Please feel free to ask any further questions

Commitment Level

Some members know they may miss a few games

To help us form fair teams, do you anticipate attending at least:

50% 75% or 90% of scheduled games?

Uniform Size

Please select the size of the uniform you would like.

XXXL XXL XL L M S

Special Request

Players may request a "buddy" or friend that will be assigned to your team.

Players Name: _____

- Both players must register for the same division
- Players must request each other in order for the request to be met

Date & Sign

By signing below and making payment to WESA, you agree that there is NO REFUND for any fees paid

_____ Date

_____ Signature

Office Use Only

Amount Paid: _____

Payment Format: _____

Date Received: _____

Received By: _____