

# \_\_\_\_\_

# REGISTRATION FORM

Name:

Address:

City:

Postal Code:

Home Telephone:

Business/Cell Telephone:

E-mail Address:

Date of Birth:

Last KLSPL Team played for:

Year:

3 positions you have played in the past:

What positions would you like to play this year?

1.

1.

2.

2.

3.

3.

**\*\*NOTE:**

*The league will not be accepting any special requests (specific teams, players, etc.) when drafting teams.*

*A \$50.00 cancellation penalty will apply for anyone wishing a refund of their registration fee post-draft day. The only exemption from the penalty is for those with medical reasons.*

Would you be interested in being a team captain?  yes  no

Would you be interested in being an executive member?  yes  no

Shirt Size: S  M  L  XL  XXL  XXXL

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**KLSPL use only:**

Date paid: \_\_\_\_\_ Received by: \_\_\_\_\_

Paid by: Cash      Cheque      (Post dated) \_\_\_\_\_