



# 2010 SLO-PITCH ONTARIO ASSOCIATION APPLICATION FOR COMPLETE LEAGUE AFFILIATION

(Complete this form and mail or fax to the SPO office)



OFFICE USE ONLY: teams x SR		LEAGUE ID:		ZONE:	
LEAGUE NAME:					
League President ( Mr / Ms ):			Alternate Contact:		
Date of Birth:			Date of Birth:		
Street Address:			Street Address:		
City:		Postal Code:	City:		Postal Code:
Home Phone:		Work Phone:	Home Phone:		Work Phone:
E-Mail:			SEND TEAM REGISTRATION PACKAGES TO: ( ) LEAGUE PRESIDENT ( ) ALTERNATE		

Do You Require a Certificate of Insurance: ( ) No ( ) Yes If Yes, complete the Request for Certificate of League Insurance on **page 2**..

Team Name	2009 Team Name	Team Contact	Birthdate Year/Month/Day	Address	City	Postal Code	Telephone	Sex/Div

<p>Registering and Paying PRIOR to May 1, 2010</p> <p>( ) Teams @ \$100.00 per team + GST (5%) (Registration – With Insurance) = \$</p> <p>( ) Teams @ \$60.00 per team + GST (5%) (Registration – NO Insurance) = \$</p> <p>( ) Teams @ \$40.00 per team + GST (5%) (Youth 19 &amp; Under Teams ONLY) = \$</p> <p>Registering or Paying AFTER May 1, 2010</p> <p>( ) Teams @ \$100.00 per team + HST (13%) (Registration – With Insurance) = \$</p> <p>( ) Teams @ \$60.00 per team + HST (13%) (Registration – NO Insurance) = \$</p> <p>( ) Teams @ \$40.00 per team + HST (13%) (Youth 19 &amp; Under Teams ONLY) = \$</p>	<p>Indicate Method of Payment: ( ) Cheque ( ) Money Order ( ) VISA ( ) MC</p> <p>Card Account Number: _____ Expiry Date: ___ / ___</p> <p>Signature: _____</p> <p>Cardholder will pay to issuer of the charge card presented herewith the amount in accordance with the issuer's agreement with the Cardholder.</p>
--	---

# 2010 Request for Certificate of League Insurance

(Complete in full. Please print clearly.)

A Certificate of Insurance showing coverage for all of its registered teams is requested by:

NAME OF LEAGUE:		
League President or Alternate Contact:		
Address:		City:
Postal Code:	E-mail:	
Home Phone:	Work Phone:	Fax:

**ADDITIONAL INSURED, IF ANY:** *(List any group(s) required to be added to the coverage – for example, your City or Municipality, School Board, etc. Do not list team names and/or names of your League Executive here.)*

Please forward the Certificate of Insurance by *(check one)* Mailing [  ] or Faxing [  ] to the above.

## LEAGUE EXECUTIVE INFORMATION

President:	Secretary:
Treasurer:	Vice-President:
Additional Members, if any:	

**SEND THIS FORM BY MAIL TO: P.O. BOX 20057, ST. CATHARINES, ON L2M 7W7 OR FAX TO: (905) 646-8431.**

For Office Use Only:

Date Certificate Requested: \_\_\_\_\_ Delivered By: (  ) Courier (  ) Mail (  ) Fax on: \_\_\_\_\_