



2010 Team Application Form

Please use an 'X' in spaces provided

Existing Team: _____ New Team: _____

Men's _____ Ladies _____

Mixed _____ Masters _____

Team Name: _____

Team Rep: _____ Night of Week Preferred _____

Address: _____ Home Phone: _____

City: _____ Cell Phone: _____

Postal Code: _____ Bus. Phone: _____

E-Mail: _____

Alternate Team Rep: _____

Address: _____ Home Phone: _____

City: _____ Cell Phone: _____

Postal Code: _____ Bus. Phone: _____

E-Mail: _____

Team Name in 2009 Season: _____

Division / Night in 2009 Season: _____

The Twin B's Slo-Pitch League is affiliated with the City of Brampton Parks and Recreation Department; as such, the teams and individual players must abide by the conditions and regulations of the Parks and Outdoor Sport Facility Permit that has been granted to the League. (Ref. Twin B's Operation Rule & City of Brampton Facility Permit.)

The City of Brampton, the Parks and Recreation Department, the Twin B's Slo-Pitch League and Executive will not be responsible for any loss of life, injury or loss of property experienced by any member of this League. All players participate in this League at their own risk.

Acceptance of your application indicates your willingness to comply with the Twin B's Slo-Pitch League Operating and Play Rules.

Date: _____ Signature: _____

(Digitally sign if filling form online)