OWEN SOUND MINOR BASEBALL

Registration Form

Last Name:	Er	nail:		
First Name:	Pa	Parent Name: Parent Name: Signature:		
Date of Birth:	Pa			
Day/month/year Address:				
City/Tnsp:	Но	ome Phone:		
Postal Code:	Ce	ell Phone:		
Municipality:	Ge	Gender: □ Male □ Female		
Non-Resident □ No □ Yes Non-Re	esident Number			
<u>Division</u> : Circle the league your	son/daughter will be pla	ying. Based on Year of	f Birth.	
Midget (\$205): 2001,2002,2003 Bantam (\$205): 2		2005 Pee Wee	e (\$180): 2006,2007	
Mosquito (\$180): 2008,2009	Rookie Ball (\$150): 20	010,2011,2012 Learn to	Play (\$115): 2012,2013,2014	
<u>Parents</u> : Would you be interested	ed in helping out? If so,	circle one or more of th	e following.	
COACH ASSISTANT	FUNDRAISER	EXECUTIVE	Ξ	
Sponsorship : If you would be in	nterested in sponsoring a	a team please complete b	pelow.	
Company Name:	Phone #			
<u>Uniforms</u> : Shirt Sizes: We need These are ordered ASAP. Please		ze. Pants are purchased b	by parent	
Youth SMALL	Youth MEDIUM	Youth LARGE	Youth XL	
Adult SMALL	Adult MEDIUM	Adult LARGE	Adult XL	
Pick 3 Numbers for Jersey:(Mosquito, Peewee, Midget and I	Bantam Only)			
<u>League Fees</u> : See the brochure frequire additional fees to cover to		<u> </u>	•	
Total: (including non-	refundable \$20 fundrais	sing) OSMB Official		
Cash or Cheque Tic	ket Numbers			
Receipt: For Summer 2019				
Child's Name:				
Amount:	OSMB official	Date:		
Owen Sound Minor Baseball P.O. Box 1019, Owen Sound, On	atario N4K 6H6			

Refund Policy

No Refunds for Lottery Tickets
April 1st – Full Refund less \$20 lottery tickets
April 15th – Full Refund less \$20 Administration Fee and \$20 lottery tickets
May 1st – No Refunds

Please Note: Registration Information is shared with Western Ontario Baseball Association for Insurances Purposes