



**PROVINCIAL WOMEN'S SOFTBALL ASSOCIATION OF ONTARIO
AFFILIATION INFORMATION AND AFFILIATION FORM 2012**

AFFILIATION DEADLINE FOR ALL TEAMS – JUNE 1ST, 2012

DEADLINE FOR CHANGING TIER I OR TIER II – JUNE 1ST, 2012

ALL CHANGES MUST GO THROUGH REGISTRAR

DEADLINE TO SUBMIT TEAM REGISTRATION CERTIFICATE, TOURNAMENT SIGN-IN FORM & RELEASE OF LIABILITY WAIVER FOR ALL TEAMS MIDNIGHT JUNE 15TH, 2012 TO DIVISIONAL COORDINATOR

AFFILIATION FEES

AFFILIATION ONLY – NOT PARTICIPATING - **\$215.00**

AFFILIATION BY DIVISION: **U10 MITE - \$515.00**
 U12 SQUIRT & U14 NOVICE - \$731.00 (INCLUDES QUALIFIER & GC)
 U16 BANTAM I - \$731.00
 U16 BANTAM II - \$515.00
 U18 MIDGET I - \$731.00
 U18 MIDGET II - \$515.00
 U21 JUNIOR - \$515.00
 SENIOR - \$515.00
 INTERMEDIATE - \$515.00

ANY ADDITIONAL P.W.S.A. PLAY-OFF TOURNAMENTS **\$226.00. (To be paid at conclusion of qualifiers)**

LEAGUE/ASSOCIATION AFFILIATION **\$150.00**

EXTRA COACHES CARDS- **\$11.00 EACH**

AFFILIATION FEE SHALL INCLUDE SOFTBALL CANADA RULE BOOK, P.W.S.A. RULE BOOK, INSURANCE AND SOFTBALL CANADA PLAYER ASSESSMENT FEE. HST INCLUDED IN FEE.

PLEASE VISIT OUR WEB SITE AT WWW.ONTARIOPWSA.COM FOR UPDATES AND ANNOUNCEMENTS

Registrar: Debbie DeMoel
 50 Capri Street
 Thorold, ON L2V 4S8
 (905)227-7574
 jondeb50@cogeco.ca

U10 Mite – 2002, 2003
U12 Squirt – 2000, 2001
U14 Novice – 1998, 1999
U16 Bantam – 1996, 1997
U18 Midget – 1994, 1995
U21 Junior - 1991, 1992, 1993
Intermediate Open
Senior Open

AFFILIATED WITH SOFTBALL CANADA AND SOFTBALL ONTARIO

AFFILIATION FORM – 2012

Please send completed form with appropriate fee as indicated in the affiliation information. Please make fee payable to P.W.S.A. and mail to:

Debbie DeMoel, 50 Capri St. Thorold, Ont. L2V 4S8

Please print in **ink**, form **must** include complete information for coaches and managers. Softball Certification Levels, NCCP Numbers, telephone numbers with area code and postal codes are a **must**. **PLEASE PRINT LEGIBLY.**

TEAM NAME _____ DIVISION _____ TIER I _____ TIER II _____

CITY/TOWN _____ PARTICIPATING IN PLAYOFFS? YES ___ NO _____

LEAGUE/ASSOCIATION _____

TEAM WILL PARTICIPATE IN CANADIANS/EASTERNS IF QUALIFIED: YES _____ NO _____

PLEASE NOTE: CHECK TIER I OR TIER II OR YOU WILL AUTOMATICALLY BE PLACED IN TIER I

DEADLINE FOR CHANGING TIER I OR II – JUNE 1ST, 2012
ALL CHANGES MUST GO THROUGH THE REGISTRAR

EXTRA COACHES CARDS - \$11.00 EACH

*****Please indicate contact person for your team*****

MANAGER'S INFORMATION (Please Print)

COACHES INFORMATION (Please Print)

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY/TOWN _____

CITY/TOWN _____

POSTAL CODE TELEPHONE NO. (WITH AREA CODE) _____

POSTAL CODE TELEPHONE NO. (WITH AREA CODE) _____

E-MAIL ADDRESS _____

E-MAIL ADDRESS _____

SOFTBALL CERTIFICATION LEVEL/NCCP NO:
(must provide proof if new or updated)

SOFTBALL CERTIFICATION LEVEL/NCCP NO:
(must provide proof if new or updated)

COACHES INFORMATION (Please Print)

COACHES INFORMATION (Please Print)

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY/TOWN _____

CITY/TOWN _____

POSTAL CODE TELEPHONE NO. (WITH AREA CODE) _____

POSTAL CODE TELEPHONE NO. (WITH AREA CODE) _____

E-MAIL ADDRESS _____

E-MAIL ADDRESS _____

SOFTBALL CERTIFICATION LEVEL/NCCP NO:
(must provide proof if new or updated)

SOFTBALL CERTIFICATION LEVEL/NCCP NO:
(must provide proof if new or updated)

I hereby agree, upon acceptance of this application for membership in the P.W.S.A., to conform to the By-laws and Operating Rules of the Association as enacted and amended from time to time. Membership for one year shall commence upon acceptance of this Affiliation Form, and payment of all affiliation fees. Furthermore, all members of this team shall be residents of the Province of Ontario, and all team registrations shall include the signature of the individual member and shall include a Waiver and Release against the Association, its officers, employees, agents and servants. In the case of a minor, the parent/guardian's signature is required. Your information is collected in accordance with P.W.S.A. Privacy Policy found at **www.ontariopwsa.com**

SIGNATURE _____ TEAM POSITION _____ DATE _____

FOR OFFICE USE ONLY: DATE RECEIVED: _____

AFFILIATION NO. _____

AMOUNT RECEIVED: _____

