

2017 East Gwillimbury Amateur Ladies Softball REGISTRATION FORM
EGALS: Celebrating 32 years in E.G.

Please complete the following and submit with your registration fee. This fee will hold your spot for the 2017 season. 2017 season fees: \$175. (Make cheques payable to **EGALS**).

Name _____

Address _____

Town _____ Phone Number _____

Email Address _____

SHIRT SIZE ___S ___M ___L ___XL ___XXL ___XXXL

Have you played softball (fast pitch) before? Yes _____ No _____ How did you find out about E.G.A.L.S.? _____

How many years experience do you have playing softball? _____ How many years have you played in this league? _____

Using the grade scale, please rate yourself as a player (A=very good E=beginner) A B C D E

What position would you like to play this year?

1st Choice _____ 2nd Choice _____

Have you caught? Yes No Would you catch? Yes No

Have you pitched? Yes No Would you pitch? Yes No

If yes to pitch, what is the highest level you have pitched at? _____ When was this? _____

Please use the back of this form to note any conflicts or concerns during the season that may make you absent from play (for example, scheduled holidays, can't make late games, etc.) **Team selection will not be pre-arranged. Only spouses of coach and/or sponsor are exempt. However, you may request up to 3 players you would like to play with this season:

Player #1 _____ Player #2 _____ Player #3 _____

I am eighteen (18) years or older and I hereby give my consent to play softball under the auspices of East Gwillimbury Amateur Ladies Softball (E.G.A.L.S.) and abide by the rules of the league. I understand that no refund will be granted to me without a medical certificate after the first game of the season. I also understand that the league shirt given to me at the beginning of the season is on loan and only mine to keep after the final game has been played. Should I leave the league for any reason before the end of the season, I will return my shirt to the league.

Date _____ Name (print) _____

Signature _____

If mailing, please send this form and cheque (\$175 payable to EGALS) to:
EGALS
C/O Emilee Elliott
97 Tulip St
Keswick, ON L4P1C6

(Please e-mail egals_softball@yahoo.ca after you mail your form and we will notify you once we receive it.)

RECEIPT Received \$ _____ Cash _____ Cheque _____ Cheque # _____ for the 2017 EGALS season.

Executive signature _____ (There will be a \$25 charge for NSF cheques)