



2011 CITYWIDE SPORTS ADULT CO-ED SLO-PITCH TEAM APPLICATION FORM/SCHEDULING INFORMATION

At Citywide Sports, we always welcome teams and/or players to join us. Please complete the following team application form (in its entirety). All information is subject to review and approval. Incomplete forms will not be considered. Before you submit this completed form, it is recommended for you to print a copy for your records; and fax (or scan and email) over a copy.

THANK YOU for your interest. Citywide Sports

MAILING ADDRESS:	CITYWIDE SPORTS Box 51040 8697 10th Avenue Burnaby, BC V3N 2S9	LEAGUE CONTACT INFO.	John Stone (President) Phone: 778-869-1443 OR 604-881-1443 Fax: 1-866-435-3593 Email: jfredstone@telus.net Web Site: www.citywidesports.net
-------------------------	--------------------------------------------------------------------------------	-----------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

YOUR TEAM'S INFORMATION: (Mark with an X with what's applicable to your team)

DIVISION:	<input type="checkbox"/> 6&4 FIRST DIVISION (Monday – Friday) <input type="checkbox"/> 6&4 SECOND DIVISION (Monday – Friday) <input type="checkbox"/> 6&4 THIRD DIVISION (Monday - Friday) <input type="checkbox"/> 6&4 ADVANCED REC. (SUNDAYS) <input type="checkbox"/> 6&4 REC. (SUNDAYS)	TEAM NAME:	<input style="width: 90%;" type="text"/>
	PLEASE NOTE that all efforts are being made to have separate weeknight/weekend divisions for both Intermediate and Rec.	CURRENTLY PLAYING IN A LEAGUE?	<input type="checkbox"/> Yes (what name?) <input style="width: 90%;" type="text"/> <input type="checkbox"/> No
		CURRENTLY REGISTERED WITH SPN?	<input type="checkbox"/> Yes, (2010 SPN reg. #, if known) <input style="width: 90%;" type="text"/> <input type="checkbox"/> No

YOUR TEAM'S CONTACT INFORMATION:

MAIN TEAM CONTACT:		ALTERNATE TEAM CONTACT:	
NAME (LAST, FIRST):	<input style="width: 90%;" type="text"/>	NAME (LAST, FIRST):	<input style="width: 90%;" type="text"/>
PHONE (DAY):	<input style="width: 90%;" type="text"/>	PHONE (DAY):	<input style="width: 90%;" type="text"/>
PHONE (EVENING):	<input style="width: 90%;" type="text"/>	PHONE (EVENING):	<input style="width: 90%;" type="text"/>
FAX:	<input style="width: 90%;" type="text"/>	FAX:	<input style="width: 90%;" type="text"/>
EMAIL:	<input style="width: 90%;" type="text"/>	EMAIL:	<input style="width: 90%;" type="text"/>

YOUR TEAM'S EXPECTATIONS OF A LEAGUE: <input style="width: 95%; height: 20px;" type="text"/>	
ADDITIONAL INFORMATION/COMMENTS, ETC.	

By submitting all of the required information (listed above) to Citywide Sports & Activities Club Inc., I agree:

- That all of the information is true, and complete – to the best of my ability
- That any (or all part) of this information is subject to review by Citywide Sports & Activities Club Inc.
- That any (or all part) of this information remains 'CONFIDENTIAL' – between the Applicant and 'Citywide Sports & Activities Club Inc.'

DATED: <input style="width: 95%;" type="text"/>	APPLICANT (PRINT NAME): <input style="width: 95%;" type="text"/>
(Office Use Only):	APPLICANT (SIGNATURE): <input style="width: 95%; height: 30px;" type="text"/>

A league representative will contact you shortly – upon reviewing your application. **THANK YOU FOR YOUR INTEREST!**

Thank You !