



CABBAGETOWN GROUP SOFTBALL LEAGUE

2011 Team Registration Form

Sponsor Contact Information

Sponsor: (if applicable): _____

Contact Name: _____ Main Phone: _____

Address: _____

Prov. _____ City/Town _____ Postal Code _____

Team Manager Contact Information

Team Name: _____ Contact: _____

Address: _____

Prov. _____ City/Town _____ Postal Code _____

Email Address: _____ Main phone: _____

The CGSL treats your person information with respect. Your contact information will be used to provide the CGSL field permits, emergency contact information, for security and insurance purposes. For more privacy information visit www.cgslsoftball.com

Registration Fees: \$400.00 (check one) Payment: Cash _____ Cheque# _____

(Includes; 1 sponsor, Insurance, 1 web logo)

2011 Team Sponsor #1: _____

2011 Team Sponsor #2: _____

2011 Team Sponsor #3: _____

Payment may be made in 2 installments or in full March 15 or April 2, 2011. Cheques payable to CGSL

Administrative Use Only

Registration Date: _____ Total Paid: _____ Cash _____ Cheque _____

Cheque # _____ Bank: _____

Executive: _____ Treasurer: _____