



2025-26 JUNIOR LEAGUE REGISTRATION FORM

LEAGUE NAME: _____

ADDRESS: _____ **City/Town:** _____ **Postal Code:** _____

Telephone: _____ **Website:** _____

PRESIDENT: _____

Telephone: _____ **(email:)** _____

REGISTRAR: _____

Telephone: _____ **(email:)** _____

COORDINATOR OF OFFICIALS: _____

Telephone: _____ **(email:)** _____

OTHER EXECUTIVE (Please List):

Name: _____ **Position:** _____ **Email:** _____

Name: _____ **Position:** _____ **Email:** _____

Name: _____ **Position:** _____ **Email:** _____

Name: _____ **Position:** _____ **Email:** _____

Name: _____ **Position:** _____ **Email:** _____

Name: _____ **Position:** _____ **Email:** _____

A) League Membership Fee: (A) \$25.00

PAYMENT NOTE

Payment Notice: An invoice will be sent via QuickBooks. You can securely pay using a credit card through the QuickBooks platform.

PROVINCIAL LEADER IN SPORT EXCELLENCE.