2026-27 SENIOR LEAGUE REGISTRATION FORM

This form is only for Senior LEAGUES.

LEAGUE NAME: _____

ADDRESS: Street/Box: _____**City/Town:** _____

Postal Code: _____ **Website:**_____

PRESIDENT: _____**Telephone:**_____

ADDRESS: Street/Box: _____ **City/Town:**_____

Postal Code: _____ **Email:**_____

REGISTRAR: _____**Telephone:**_____

ADDRESS: Street/Box: _____**City/Town:**_____

Postal Code: _____**Email:**_____

COORDINATOR OF OFFICIALS: _____**Telephone:**_____

Email:_____

OTHER EXECUTIVE:

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

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

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

League Membership Fee: $25.00

Payment Notice: An invoice will be sent via QuickBooks once this form is processed.