



2026-27 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:** _____

League Membership Fee: \$25.00

PAYMENT NOTE

An invoice will be sent to you via QuickBooks once this form is processed.

PROVINCIAL LEADER IN SPORT EXCELLENCE.