



PAYMENT POLICY

All registration forms and medical forms must be submitted to the League Registrar WITH A CHEQUE PAYABLE TO:

AGINCOURT-WEXFORD BASEBALL LEAGUE, BEFORE A PLAYER IS ELIGIBLE TO PARTICIPATE IN LEAGUE GAMES

(Cash and cheques accepted on open registration days) DO NOT send cash in the mail. NSF cheques will automatically cancel the player's registration (until Registrar is in receipt of the replacement funds).

The Registrar will contact the player on notification from the bank.

PLEASE NOTE:

No refunds after the first scheduled game. Prior to the first game, a \$25.00 administration fee will be charged. Allow EIGHT WEEKS for all refunds.

As registrations are continuous, confirmation of registration cannot be mailed to you. Players will be contacted by their respective co-ordinators prior to Rating Day, on Saturday, May 5, 2007 (Rain date is May 6, 2007)

**2007 FEE SCHEDULE
INFORMATION AS FOLLOWS:**

Division ~ Home Parks ~ Age

T/Ball/Rookie Ball/ 4 Pitch
McGregor Park/Wishing Well Park

Mosquito

Wexford Park/Iroquois/Wishing Well Parks

Peewee

Wexford, Iroquois, Wishing Well Parks

T/Ball ~ 4 Pitch ~
2000, 2001, 2002 ~ \$100.00

Rookie Ball ~
1998, 1999 \$130.00
TO PLAY SELECT ADD \$85.00

Mosquito ~
1996, 1997 / \$140.00

Peewee ~
1994, 1995 / \$145.00

Bantam Interlock ~ SBA Parks
1992, 1993 / \$160

Midget Interlock ~ SBA Parks
1988, 1989, 1990, 1991 / \$170.00

**ALL STAR FEES TO BE ADVISED
BY COACH**

**FAMILY PLAN : FEE FOR OLDEST
CHILD AS ABOVE - DEDUCT \$20.00
FOR EACH ADDITIONAL CHILD**

**~Fees include Team Sweater, Pants, Hat,
Team Picture, Trophy and Sports Accident
Insurance Coverage.**

REGISTRATION FORM

Player 1 Name: _____
LAST NAME GIVEN NAME

Address: _____
STREET NUMBER APARTMENT # CITY POSTAL CODE

Telephone: _____ Email: _____

Date of Birth: _____ Birth Certificate #: _____
NOT REQUIRED IF PREVIOUSLY PROVIDED

Division: _____ Fee: _____

League Last Year: _____ Position Played: _____ #yrs. Played: _____

Player 2 Name: _____
LAST NAME GIVEN NAME

Address: _____
STREET NUMBER APARTMENT # CITY POSTAL CODE

Telephone: _____ Email: _____

Date of Birth: _____ Birth Certificate #: _____
NOT REQUIRED IF PREVIOUSLY PROVIDED

Division: _____ Fee: _____

League Last Year: _____ Position Played: _____ #yrs. Played: _____

SIGNATURE _____ DATE _____
PARENT OR GUARDIAN

THE WEXFORD AGINCOURT BASEBALL LEAGUE ARE RUN BY VOLUNTEERS. WE COULD USE YOUR HELP! Would you be interested in:

Sponsoring a Team Fund Raising Coaching / Assisting Umpiring

RETURN COMPLETED REGISTRATION FORM, MEDICAL FORM AND PAYMENT TO:
[], REGISTRAR, [ADDRESS]

PLEASE MAKE CHEQUE PAYABLE TO: **AGINCOURT/WEXFORD BASEBALL LEAGUE**

TOTAL FEE \$ _____