

APPLICATION FOR OASA TEAM AFFILIATION

Please complete a separate application form for each team

Please note that your insurance coverage and membership with OASA expires on January 1st following the year in which your fees are paid

Please indicate how you are insured – Single Team _____ League _____ Association _____

Carrier – OASA _____ Other _____ Name of Carrier _____

INSURANCE – MANDATORY Liability – \$21.50 per team

OPTIONAL Accident – Juvenile to Men \$32.50 per team; Jr. Mite to Midget \$27.00 per team

Insurance Co-ordinators – Ron and Sharon Taylor – 705-778-2637

POLICIES RE: POLICE RECORD CHECKS (FOR ALL PERSON INVOLVED WITH YOUTH) AND ANTI HARRASSMENT MUST BE FOLLOWED

SERIES	AFFILIATION	TOURNAMENT FEE	SOFTBALL CANADA FEE	TOTAL	AFFILIATION DEADLINE
SR. MEN	\$100.00	\$115.00	* \$500.00	\$715.00	June 10th
INT MEN "A"	\$100.00	\$365.00		\$465.00	June 10th
INT MEN "B/C"	\$100.00	\$250.00		\$350.00	June 10th
MASTERS	\$100.00	\$250.00		\$350.00	June 10th
JR. MEN "A"	\$100.00	\$265.00	* \$500.00	\$865.00	May 25th
JR. MEN "B/C"	\$100.00	\$250.00		\$350.00	May 25th

*Senior Men – if team does not qualify for the Canadians the \$500.00 Softball Canada fee is returned

*Jr. Men – if team does not qualify for the Canadians the \$500.00 Softball Canada fee is returned. If the team from Provincial A wishes to play in the B/C the \$250.00 will be deducted from the Softball Canada fee and the remainder returned

SERIES	AFFILIATION	TOURNAMENT FEE	ELIMINATION FEE	TOTAL	AFFILIATION DEADLINE
MIDGET	\$100.00	\$225.00	\$300.00	\$625.00	May 25th
BANTAM	\$100.00	\$225.00	\$300.00	\$625.00	May 25th
PEE WEE	\$100.00	\$225.00	\$300.00	\$625.00	May 25th
SQUIRT	\$100.00	\$225.00		\$325.00	June 15th
MITE/JR. MITE	\$100.00	\$225.00		\$325.00	June 15th

QUALIFIER FEE OF \$200.00 – TO BE PAID TO THE HOST

PLEASE CHECK: PROV. "A" _____ PROV. "A"/"B/C" _____ MINOR PROV. ONLY _____ MINOR ELIMINATION & PROV. _____

TEAM CONTACT: The contact name below is empowered to make all decisions and arrangements for this TEAM to participate in tournament Championship

PLEASE PRINT

TEAM NAME	CENTRE	SERIES	EMAIL
CONTACT NAME	ADDRESS		POSTAL CODE
HOME PHONE #	BUSINESS PHONE #	CELL #	

PLEASE FILL IN THE FOLLOWING INFORMATION WHERE APPLICABLE

ASSOC. NAME	CENTRE	ADDRESS	POST CODE
PRESIDENT	PHONE #	E-MAIL ADDRESS	

LEAGUE NAME	PRESIDENT	ADDRESS	POST CODE
E-MAIL ADDRESS	PHONE #		

PLEASE MAIL THIS FORM WITH CHEQUE (PAYABLE TO THE OASA) TO THE REGISTRAR

Mary Myers
44 Hilltop Blvd.
R. R. #1
Gormley, L0H 1G0

phone & fax – 905-727-5139
e-mail- mjnm@sympatico.ca
web site – www.oasa.ca

OFFICE USE ONLY

Date rec'd _____ Affiliation \$ _____ Ins.\$ _____
Receipt # _____ Prov.\$ _____ Elim.\$ _____
Cheq# _____ Name on Cheq. _____