



APPLICATION FOR O.A.S.A. TEAM AFFILIATION

Please complete a separate application form for each team

Affiliate Member ---- Please see Series Cost below and fill out sections 1 & 2 & 3 where applicable
Associate Member ---- \$25.00 - please fill out sections 1 & 2

POLICE RECORD CHECKS (FOR ALL PERSON INVOLVED WITH YOUTH) AND ANTI HARRASSMENT POLICIES MUST BE FOLLOWED. TEAM INSURANCE IS MANDATORY

SERIES	AFFILIATION	TOURNAMENT FEE	SOFTBALL CANADA FEE	TOTAL	AFFILIATION DUE DATE
Sr. Men	\$100.00	\$115.00	* \$500.00	\$715.00	June 10th
Great Lakes			See Great Lakes	Tournament Application	
Int. Men B/C	\$100.00	\$250.00		\$350.00	June 10th
Masters	\$100.00	\$250.00		\$350.00	June 10th
Orthodox	\$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.

*Junior 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 OR QUALIFIER FEE	TOTAL	AFFILIATION DUE DATE
Midget	\$100.00	\$250.00	\$300.00	\$650.00	May 25th
Bantam	\$100.00	\$250.00	\$300.00	\$650.00	May 25th
Pee Wee	\$100.00	\$250.00	\$300.00	\$650.00	May 25th
Squirt	\$100.00	\$250.00	* \$200.00	\$550.00	June 15th
Mite/Jr. Mite	\$100.00	\$250.00	* \$200.00	\$550.00	June 15th

* Squirt, Mite & Jr. Mite will be refunded the qualifier fee if no qualifier tournament for their division.

Please Check: Sr. Men _____ Int. Men B/C _____ Masters _____ Orthodox _____ Minor Prov. Only _____ Minor Elim. & Prov. _____

Section #1 – The Contact name below is empowered to make all decisions and arrangements for the TEAM to participate in tournament championship.

Team Name _____ Centre _____ Series _____
 Contact Name _____ Address _____ Postal Code _____
 Home Phone# _____ Business Phone # _____ Cell _____ Email _____

Section #2 – Association Information

Assoc. Name _____ Centre _____ Position _____
 Name _____ Address _____ Postal Code _____
 Home Phone# _____ Business Phone# _____ Cell _____ Email _____

Section #3 – League Information

League Name _____ President _____ Email _____
 Address _____ Postal Code _____ Phone # _____

PLEASE MAIL THIS FORM WITH CHEQUE (PAYABLE TO THE O.A.S.A) TO THE REGISTRAR

Mary Myers Phone – 905-727-5139
 44 Hilltop Blvd. Fax – 905-727-5139
 R. R. #1 e-mail – mjnm@sympatico.ca
 Gormley, Ont. O.A.S.A. web site – www.oasa.ca
 LOH 1G0

OFFICE USE ONLY

Date Rec'd _____ Affiliation _____
 Receipt # _____ Prov. _____
 Cheque # _____ Elim. _____
 Qual. _____ Total _____
 Name on Cheque _____