



ELIMINATIONS
REGISTRATION FORM

40 Enman Crescent,
Charlottetown, PE, C1E
1E6
Phone: 902-368-4203
Fax: 902-368-4548

Baseball PEI

Age Group: (circle one) 11U AA or 18U AA

Official Team Name: _____

Main Team Contact: _____

Phone: (H) _____ (W) _____ (C) _____

Email (mandatory): _____

Head Coach: _____ Coaching NCCP #: _____
If different than above...

Phone: (H) _____ (W) _____ Email: _____

Assistant Coach: _____ Phone: (H) _____ (W) _____

Assistant Coach: _____ Phone: (H) _____ (W) _____

Manager: _____ Phone: (H) _____ (W) _____

Signed _____ Date _____

For Office Use: Application Received: _____

Team Fee 11U AA \$375.00 - 18U AA \$400.00 Fee Received: _____

Approved/Not Approved: _____

Signed: _____ Date: _____