

Year: _____

Camrose Softball Association New Recruit Application Form



Applicant Player Name: _____

Birth Date (mm/dd/yyyy): _____

Address: _____

Phone Number: _____

Email Address: _____

Age Group of Applicant: _____

Name of new recruit: _____

Birth Date: (mm/dd/yyyy): _____

Address: _____

Phone Number: _____

Email Address: _____

Age Group of Recruit: _____

For CSA Use Only

Did both players listed above register for CSA: Yes No

Did both players listed above complete the entire season: Yes No

Registration Amount for Applicant: _____

Amount Paid (20% of above): _____

Paid to: _____

Date Paid: _____

Please email completed forms to:

Registrar@camrosesoftball.ca