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CWFA 2019 Affiliate Player (“AP”) Attestation

I hereby certify and attest that I am registered with and on the roster of the softball team noted below and thus affiliated with Softball Alberta.

Player Name (print): _____

Signature: _____

Registered Team: _____

Category: _____

League: _____

I hereby certify that I have asked the above player to be an affiliate (AP) player with my team for the period prior to June 1st / after June 1st. (*circle appropriate time period*) I believe that the above player is indeed registered with and on the roster of the softball team noted above, and is thus affiliated with Softball Alberta.

Date: _____

Coach Name (print): _____

Signature: _____

Team: _____

Category: _____

CWFA Division: _____

Instructions to coaches: For the period prior to June 1st, please submit this form to CWFA as soon as the affiliation is confirmed. For the period after June 1st, please submit this form with your official CWFA team roster no later than June 1st.