



SOFTBALL PEI

AFFILIATE PLAYER FORM

This form must be completed in full and submitted to Softball PEI for approval prior to participation.

1. PLAYER INFORMATION

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Address: _____

City/Town: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

2. TEAM INFORMATION

REGISTERED TEAM (HOME TEAM)

Team Name: _____

Division/Classification: _____

Association/League: _____

AFFILIATE TEAM REQUESTING PLAYER

Team Name: _____

Division/Classification: _____

Association/League: _____

3. AFFILIATE DETAILS

Tournament/Event Name: _____

Location: _____

Date(s) of Event: _____

Reason for Affiliate Request:

4. PLAYER DECLARATION

I understand that I am participating as an affiliate player and agree to abide by all rules, regulations, and policies established by Softball PEI and the applicable league/tournament organizers.

Player Signature: _____

Date: _____

5. REGISTERED TEAM APPROVAL

I approve the above-named player to participate as an affiliate player for the event listed above.

Coach/Manager Name: _____

Signature: _____

Date: _____

6. AFFILIATE TEAM APPROVAL

I confirm that the above player has been approved to participate as an affiliate player with our team for the event listed above.

Coach/Manager Name: _____

Signature: _____

Date: _____

7. SOFTBALL PEI USE ONLY

Affiliate Approved: Yes No

Approved By: _____

Date Approved: _____

Comments: _____

- NOTES:**
- Affiliate players must be properly registered with their home association/team.
 - Approval must be obtained prior to participation.
 - All Softball PEI and tournament rules regarding affiliate eligibility apply.
 - This form should be submitted to Softball PEI prior to the event.

