



ULTIMATE SPORTSPLEX BALL HOCKEY LEAGUE TEAM REGISTRATION FORM

5-56 Pennsylvania Avenue, Concord, Ontario, L4K 3V9
Phone: 905-268-0682, Fax: 905-738 - 3321, Email: mississauga@ballhockeyleagues.com

Team Name: _____

Manager Information:

Name: _____

Address: _____ City: _____ Postal Code: _____

(H): _____ (C): _____

E-mail: _____

Secondary Contact Information:

Name: _____

(H): _____ (C): _____

E-mail: _____

Team History: *(new teams only-previous league/division played)*

Season:	<input type="checkbox"/> Summer \$ _____	<input type="checkbox"/> Fall \$ _____	<input type="checkbox"/> Winter \$ _____	<input type="checkbox"/> Spring \$ _____
	Manager Initials: _____	Manager Initials: _____	Manager Initials: _____	Manager Initials: _____
Division:	<input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Tier 4 <input type="checkbox"/> Masters	<input type="checkbox"/> Tier 3 (Monday) <input type="checkbox"/> Tier 4 (Tuesday) <input type="checkbox"/> Tier 4 (Wednesday) <input type="checkbox"/> Tier 4 (Thursday) <input type="checkbox"/> Tier 4 (Weekends) <input type="checkbox"/> 3 on 3	<input type="checkbox"/> Tier 3 (Monday) <input type="checkbox"/> Tier 4 (Tuesday) <input type="checkbox"/> Tier 4 (Wednesday) <input type="checkbox"/> Tier 4 (Thursday) <input type="checkbox"/> Tier 4 (Weekends) <input type="checkbox"/> 3 on 3	<input type="checkbox"/> Tier 3 (Monday) <input type="checkbox"/> Tier 4 (Tuesday) <input type="checkbox"/> Tier 4 (Wednesday) <input type="checkbox"/> Tier 4 (Thursday) <input type="checkbox"/> Tier 4 (Weekends) <input type="checkbox"/> 3 on 3

Please Note: All teams will have alternate games on Friday, Saturday and Sunday

Schedule Conflicts:

(Please list days or dates you cannot play)

Registration Agreement:

<input type="checkbox"/> Summer	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque # _____	<input type="checkbox"/> Credit Card	Amount: \$ _____
<input type="checkbox"/> Fall	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque # _____	<input type="checkbox"/> Credit Card	Amount: \$ _____
<input type="checkbox"/> Winter	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque # _____	<input type="checkbox"/> Credit Card	Amount: \$ _____
<input type="checkbox"/> Spring	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque # _____	<input type="checkbox"/> Credit Card	Amount: \$ _____

Credit Card Info: Visa MC AMEX Card # _____ Expiry: _____

Cheques payable to: Ultimate Sportsplex

The undersigned hereby applies for a team franchise for the fee stated above and agrees to be bound by the rules and regulations of the league, and furthermore to ensure all fees and fines are paid in full when due. (A \$100 fine will be levied for each game after the due date that league fees are not paid) In the event that facility damage (including drinking alcohol and smoking in dressing rooms) can be attributed to a team or its players, the team will be assessed the expenses and may be removed from further competition. In the event that a team defaults a game, the team shall incur a \$150.00 fine (due at your next scheduled game) and a 1-0 win shall be awarded to the other team. You are responsible for your team to have matching uniforms and same base coloured shorts. A \$10 fine per player will be levied against your team after the third game of the season. You are responsible for every player that signs the OBHA registration form and game sheet. Any players found playing illegally will be suspended and you as team manager will also be suspended. You are also responsible for all spectators that watch your team play.

Manager Signature: _____

Office Use Only	Date:	Amount:	Approval #:	Approved by:
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