



LEAGUE APPLICATION

Season: 2010

Team Name: _____

Previous Team Name: _____

Choose Divison: A ____ B ____ C ____ D ____ E ____ Rec ____

Contact One

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Contact Two**

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Fee Schedule:

	New Teams	Returning Teams
A Division	\$1,050*	\$800
B Division	\$800*	\$650
C Division	\$800*	\$650
D Division	\$800*	\$575
E Division	\$800*	\$575
Rec Division	\$300*	\$300

LMSA Office Use Only

Scheduling Deposit Paid _____

League Fees Paid in Full _____

Performance Bond Paid _____

* Performance Bond Required for new teams: \$50

** Two Contacts are Required for each team - please provide e-mail addresses