

ETOBICOKE CRICKET LEAGUE

JUNIOR REGISTRATION FORM

Application Forms must be returned to the secretary or any member of the EDCL executive.

Returning Member

New Member Application

Name:

Address:

Home Phone :

Work Phone : Cell Phone #

Recommending Member/Members Comments:

As a member of THE JUNIOR PROGRAMME OF THE EDCL I will adhere to the constitution and all by-laws of the LEAGUE. I will not hold THE LEAGUE/COACH or its executive/owners responsible for any injuries sustained as a result of playing Cricket or any activities associated with the ORGANISATION. I AGREE TO PROVIDE A COPY OF MY OHIP CARD WITH THIS APPLICATION.

Signature (JUNIOR).....

Date

Signature (PARENT).....

Date

For Official Use

Accepted

Rejected

Comments

ETOBICOKE CRICKET LEAGUE

EDCL WOODBINE CNTR, P.O BOX 2706 3

SHOPPERS DRUGS MART

400 REXDALE BLVD,

ETOBICOKE , ONTARIO .M9W 6L0.

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