

OTTAWA NEPEAN CANADIANS BASEBALL



2009 WINTER TRAINING REGISTRATION

Player Last Name:	
Player First Name:	
Date of Birth:	
Positions Played:	
High School/Grad Year:	
Height:	
Weight:	
Hitting (L / R)	
Throwing (L / R)	
Previous Team & Level:	
Medical Information (specify):	

Information	Player	Father	Mother
Name			
Phone no - Home			
Phone no - Work			
Phone no – Cell			
E-Mail address			
Address:			
Street			
City-Town			
Province			
Postal Code			

Payment Received: \$ _____
 Cheque No: _____

Payment Type: Cash or Cheque
 Date Received: _____