SOFTBALL ONTARIO'S
ACTIVE SOFTBALL REQUEST FORM

School Name: _____

Contact Person: _____

School Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Please indicate which months you are able to participate in the ACTIVE SOFTBALL program:
Please mark your 1st, 2nd, and 3rd choice.

☐ September	Choice: _____	☐ February	Choice: _____
☐ October	Choice: _____	☐ March	Choice: _____
☐ November	Choice: _____	☐ April	Choice: _____
☐ December	Choice: _____	☐ May	Choice: _____
☐ January	Choice: _____	☐ June	Choice: _____

If you have a specific date in mind when you would like to use the kit, please let us know.

Participation Information

Number of **Students** Participating: ☐ Age 5-6 _____ ☐ Age 7-8 _____ ☐ Age 9-12 _____

Number of **Classes** Participating: ☐ Grade 1 _____ ☐ Grade 2 _____ ☐ Grade 3 _____
☐ Grade 4 _____ ☐ Grade 5 _____ ☐ Grade 6 _____
☐ Other: _____

Agreement

One report is to be submitted each season the ACTIVE SOFTBALL Kit is used (for example, June and October).

By providing Softball Ontario with your information on this registration form, you are giving consent to Softball Ontario to collect and use your personal information for the following purposes: receiving communications from Softball Ontario and Softball Canada, and for promoting the Try Softball and Tim Horton's Learn to Play Programs and the sport of Softball in general.

_____

Name Signature Date

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