



AISL Player Registration Form

Division:	_____	Team Name:	_____
Player Name:	_____		
Address:	_____		
Town/City:	_____	Postal Code:	_____
Phone #:	_____	Alternate Phone #:	_____
DOB (dd/mm/yyyy):	_____	Gender:	_____
E-mail:	_____		
Emergency Contact (EC):	_____	EC Phone #:	_____
Amount Paid: _____			

Cash, debit, or cheques (payable to: The Township of Beckwith) are acceptable forms of payment.
Please send/deliver your registration form with payment to:

**Beckwith Township c/o Cassandra McGregor, AISL
RR2 1702 9th Line Road, Beckwith, ON, K7C 3P2**