

Welland Slo-Pitch League Inc.
92 Chippawa Rd.
Port Colborne, ON. L3K 1T5
905-932-7663
wellandslopitch@gmail.com



Player Addition Form

Team Name: _____ Division: _____

Coach's Name: _____

Player's Name: _____

Player's email address: _____

Player's SPO #: _____

Note: Please allow 24 hours from time of submission of this form for approval. Also, every player is required to register with Slo-Pitch Ontario at slopitch.org. No player is permitted to play ball until this addition has been approved by the Welland Slo-Pitch League Inc. and the player has registered with Slo-Pitch Ontario.

Player's Signature: _____

Coach's Signature: _____

W.S.L.I. Approval: _____

Date: _____