



SOFTBALL ONTARIO'S ACTIVE SOFTBALL REQUEST FORM

Fax: (416) 426-7368

School Name: _____

Contact Name: _____

School Address: _____

City: _____ Postal Code: _____ Province: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

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

I would like to participate in:

- September _____ choice
- October _____ choice
- November _____ choice
- December _____ choice

If you have a specific date in mind when you would like to use the Active Softball Kit, please let us know. If you cannot utilize the Kit during one of the above months but would like to be considered in a future mailing, please indicate below:

We will send you an email confirming your final usage period.

PARTICIPANT INFORMATION

Number of **Students** participating: Age 9-10 _____ Age 11-12 _____ Age 13 _____

Number of **Classes** participating: Grade 6 _____ Grade 7 _____ Grade 8 _____

TERMS/CONDITIONS

- ◆ Schools that receive an ACTIVE SOFTBALL Kit are expected to return the kit to the Softball Ontario office at the **school's expense** on the date discussed in the letter enclosed in the Kit.
- ◆ There is no charge for the loan of the kit if all kit components are returned on time and undamaged.

I agree with the Terms/Conditions as stated above.

PRINT NAME

SIGNATURE

DATE

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

Softball Ontario

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