

2010 OBA INSURANCE PROGRAM APPLICATION FOR ENROLLMENT-MEMBERS

Submit

ENROLLMENT INCLUDES:
 1. LIABILITY AND ACCIDENT COVERAGE UNDER THE OBA POLICY
 2. RISK MANAGEMENT AND SAFETY PROGRAMS
 3. INSURANCE COVERAGE ONLY FOR OBA-SANCTIONED EVENTS (SEE 11.03 B OF THE OBA CONSTITUTION)*
 *ADDITIONAL FEES MAY BE REQUIRED

Local Association: _____

Affiliate: Eastern Ontario Baseball Assoc (Secretary:Carol Steele)

Contact Person: First name _____ Last name _____

Street No.: _____

Street Address: _____

City: _____ Postal Code: _____

Email Address: _____

Telephone Res: (____) _____ Bus: (____) _____ ext. _____

ENROLLMENT INFORMATION

Age Group	House League Female Players	House League Male Players	Rep Female Players	Rep Male Players	Other Female Players	Other Male Players	Total	
BlastBall:								
T-Ball:								
Rookie (Jr. & Sr.):								
Mosquito (Minor & Major):								
Peewee (Minor & Major):								
Bantam (Minor & Major):								
Midget (Minor & Major):								
Junior:								
Women:								
Senior:								
Other:								
Total No. of Players:								
1. TOTAL NUMBER OF PLAYERS							\$4.00 per PLAYER	0
2. TOTAL NUMBER OF COACHES							\$4.00 per COACH	0
3. TOTAL NUMBER OF UMPIRES NOT INCLUDING OBA CARDED UMPIRES							\$4.00 per UMPIRE	0
Total \$								0

Name of Affiliated Association Secretary: Carol Steele

- Pay by Cheque
- Online payment



Submit