



## 2024 Application for OASA Team Affiliation



Please Complete a Separate Form for Each Team

**Anti-Harassment Policies must be followed, Team Insurance is Mandatory**

**Any COVID-19 Guidelines in place must be followed at all times.**

Associate Member Fee \$75.00 + HST \$9.75 (Teams/Associations not affiliated with OASA)

Series	Affiliation	Provincial Championship Fees	HST	Elimination / Qualifier Fees	HST	Total	Due Date
Senior Men / Intermediate A	\$ 175.00	\$ 400.00	\$ 52.00	N/A	N/A	\$ 627.00	May 15, 2024
Intermediate Men B/C	\$ 175.00	\$ 400.00	\$ 52.00	N/A	N/A	\$ 627.00	July 15, 2024
Masters 40+	\$ 175.00	\$ 400.00	\$ 52.00	N/A	N/A	\$ 627.00	May 15, 2024
U23	\$ 175.00	N/A	N/A	\$ 400.00	\$ 52.00	\$ 627.00	May 15, 2024
U20	\$ 175.00	\$ 400.00	\$ 52.00	\$ 400.00	\$ 52.00	\$ 1,079.00	May 15, 2024
U17	\$ 175.00	\$ 400.00	\$ 52.00	\$ 400.00	\$ 52.00	\$ 1,079.00	May 15, 2024
U15	\$ 175.00	\$ 400.00	\$ 52.00	\$ 400.00	\$ 52.00	\$ 1,079.00	May 15, 2024
U13	\$ 175.00	\$ 300.00	\$ 39.00	\$ 300.00	\$ 39.00	\$ 853.00	June 1, 2024
U11	\$ 175.00	\$ 300.00	\$ 39.00	\$ 300.00	\$ 39.00	\$ 853.00	June 1, 2024
Series	Affiliation	Event Fee				Total	Due Date
U9	\$ 175.00	\$ 175.00	\$ 22.75	N/A	N/A	\$ 372.75	June 1, 2024

**NOTE:** Softball Canada Championship Tournament entry fee is to be paid when the team qualifies or declares their intention to attend the Canadian Championships.

**U11 and U13** teams will receive a refund if no qualifier tournament is held.



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Team Name	_____	Centre	_____	Series / Division	_____
Contact Name	_____	email address	_____		
Address	_____	City	_____	Postal Code	_____
Home Phone	_____	Bus Phone	_____	Cell Phone	_____
Association Name	_____	Address	_____		
Contact Name	_____	Home Phone	_____	Cell Phone	_____
Please indicate should your team qualify if your team will be interested in attending (yes / no):					
Canadians	_____	Eastern Canadians	_____	Western Canadians	_____

The Contact named above is empowered to make all decisions and arrangements for the Team to participate in all OASA Tournaments and Events.

**Affiliation Forms are to be sent to the Registrar. Ideally scanned and emailed to expedite processing.**

**Cheques payable to OASA are to be sent directly to the Treasurer or funds e-transferred along with a list of teams included on the cheque or e-transfer email.**

**Insurance is to be arranged through our Insurance Coordinator.**

### Registrar

OASA Registrar  
c/o Karen Mills  
7 Sarah Street  
Napane, ON K7R 3J4  
millsy@live.ca

### Treasurer

OASA Treasurer  
c/o Karen Mills  
7 Sarah Street  
Napane, ON K7R 3J4  
e-transfers: oasa1923@outlook.com

### Insurance Coordinator

OASA Insurance Coordinator  
c/o Dave Northern  
1934 Parkside Drive  
Pickering ON L1V 3N5  
insurance.oasasoftball@gmail.com