



# Lethbridge City Mixed League

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**Team Name:** \_\_\_\_\_

**Played Last Year As:** \_\_\_\_\_

**Contact #1:** Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

**Contact #2:** Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

**Division**

**Played in Last:** \_\_\_\_\_

**Division Requested:** \_\_\_\_\_

**Fees:**                      A \$1600                      B – E \$1200                      **Amt. Paid:** \_\_\_\_\_  
(For office use only)

**Are you willing to participate on the Advisory Council?**                      YES                      NO

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**Please see attached:**

- Code of Conduct

**League Season Opener – April 25 – 26**

**League Starts - April 27**