



Canada Cup Youth Team Application

TEAM CONTACT INFORMATION

TEAM NAME: _____ COACH NAME: _____

COACH PHONE: _____ COACH EMAIL: _____

MANAGER NAME: _____ MANAGER EMAIL: _____

ADDRESS: _____

CITY: _____ PROV/STATE: _____

POSTAL/ZIP: _____ COUNTRY: _____

TEAM PROFILE/DETAILS/HISTORY

COMPETITION LEVEL (SELECT ONE):

FUTURE GOLD (U19 A)	SHOWCASE GOLD (U17 A)
FUTURE SELECT (U19 B)	SHOWCASE SELECT (U17 B)

2021 RANKING: _____

2020 RANKING: _____

2019 RANKING: _____

TEAM HISTORY: _____

ADDITIONAL COMMENTS: _____

PAYMENT DETAILS AND AGREEMENT

PAYMENT METHOD: CREDIT CARD CHEQUE OTHER

FULL NAME ONCARD: _____

CREDIT CARD NUMBER: _____

EXPIRY MONTH (MM): _____ EXPIRY YEAR (YYYY): _____ CVS (3 DIGITS ON BACK): _____

APPLICATION TERMS

Applications must be emailed to info@canadacup.com

PAYMENT MUST BE RECEIVED WITHIN 15 DAYS OF APPLICATION. ALL PAYMENTS WILL BE PROCESSED, TEAMS NOT SELECTED TO PARTICIPATE WILL RECEIVE A FULL REFUND OF ENTRY FEE.

**PLEASE MAKE CHECKS PAYABLE TO: CANADIAN AMATEUR SPORT SOCIETY

**CHEQUES MAY BE MAILED TO THE FOLLOWING ADDRESS:

CANADA CUP INTERNATIONAL SOFTBALL CHAMPIONSHIP
SUITE 457
800-15355 24 AVENUE
SURREY, BC, CANADA V4A 2H9