



LEAGUE INFORMATION FORM

LEAGUE DETAILS

League Name _____ Start Date _____ End Date _____
MONTH MONTH

Draft Number of Players _____ Team Based Number of Teams _____

PRESIDENT/CONVENOR

Name _____ Home () - _____

Address _____ Work () - _____ ext _____

City _____ Prov. _____ Postal Code _____ Fax () - _____

E-mail _____

VICE-PRESIDENT

Name _____ Home () - _____

Work _____ ext _____ Fax () - _____

E-mail _____

TREASURER

Name _____ Home () - _____

Work _____ ext _____ Fax () - _____

E-mail _____

SECRETARY

Name _____ Home () - _____

Work _____ ext _____ Fax () - _____

E-mail _____

TO BEST SERVE YOUR SPECIFIC NEEDS, PLEASE TAKE A MOMENT AND COMPLETE THE FOLLOWING

DOES YOUR LEAGUE HOST:

Tournament(s) Yes No Tournament Name _____
Date _____

Banquet(s)/Socials Yes No Date _____
Date _____

Do you look for prizing options for your league? Yes No

Who is your Referee Assignor (if applicable)? _____

Which arena does your league play out of? _____

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