Minor League Affiliation Form

League Name: _____ Number of Participants: _____

Please complete all forms:

Fees: $50.00 League Fee plus $14.00 Participant / Executive Member / Coach / Volunteer

Executive Position	Name	Address	City / Town	Postal Code	Home Phone #	Work Phone #	Cell Phone #	Gender	Birth date (dd / mm / yy)	Email

Please return all forms fully completed to the NLBA, P.O. Box 21029, St. John’s, NL A1A 5B2