Baseball Registration Form

Parent / Guardian Name:_____(Mom)
_____ (Dad)

Address _____-
City_____
Zip_____
Home Phone_____
Cell Phone (Mom)_____ Email (Mom)_____
Cell Phone (Dad)_____ Email (Dad) _____
Cell Phone (Player)_____ Email (Player) _____

Players Full Name _____
Age as of January 1st 2010: _____

What Team are you trying out for? Please Circle
9U 10U 11U 12U 13U 15U 16U 18U

What weekend days are you available to play fall ball? Please Circle
Saturday Sunday

School:
Graduation Year (HS Player Only)_____ High School Coaches Name_____

Height: Weight: Throws: R L Bats: R L S

Pant Size: Waist Size Only (Pants may have to be hemmed)
Shirt Size: Youth: S M L Adult: S M L XL XXL
Hat Size: _____

Processing fee :($100) _____
How do you plan to make your monthly payments: Cash Check Credit Card

Softball Registration Form

Parent / Guardian Name:_____(Mom)
_____ (Dad)

Address _____
City_____
Zip_____
Home Phone_____

Cell Phone (Mom)_____ Email (Mom)_____
Cell Phone (Dad)_____ Email (Dad) _____
Cell Phone (Player)_____ Email (Player) _____

Players Full Name _____
Age as of January 1st 2010: _____

What Team are you trying out for? Please Circle
10U 12U 14U 16U 18U

What weekend days are you available to play fall ball? Please Circle
Saturday Sunday
School:
Graduation Year (HS Player Only)_____ High School Coaches Name_____

Height: Weight: Throws: R L Bats: R L S

Pant Size: Waist Size Only (Pants may have to be hemmed)

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