| For Office Use Only: Paid: |
|-------------------------------|
| Member #: |
| |

Sign ups end MARCH 18th



Please return this form to the Club

2017 Baseball

Boys & Girls Ages 5-12 Must be 5 prior to May 1, 2017



Activity Fee = \$30 ACTIVE CLUB MEMBERSHIP REQUIRED (\$15)

Registration (please print clearly)

| Child's Name: | | | | |
|--|-------------------|---|---|--|
| DOB: | Age: | School: | Shirt Size: | |
| Parent Name: | | Emai | l: | |
| Cell Phone: | | | | |
| Medical Concerns (i.e. asthma, allergies, etc) | | | | |
| Parent is intere | ested in voluntee | ering with the follow e Table 🗆 Umpire | | |
| | | | mily that lives in same home ase indicate names here: | |
| Coaching? 🗆 H | ead Coach □ As | sistant Coach | | |
| Name: | | | | |
| Phone: | | Email: | | |
| Age Group: | | | | |