



REGISTRATION FORM

APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NO.: (____) _____ E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

AGE: _____

SCHOOL: _____

GRADE: _____

HIGH SCHOOL GRADUATION YEAR: _____

POSITION:

1) _____

2) _____

(Please answer YES or NO) PITCH _____ CATCH _____

LAST TEAM PLAYED ON: _____

MEDICAL PROBLEMS (Please List)

AMOUNT \$1500 (does not include tournaments)

SIGNATURES:

APPLICANT: _____ DATE: _____

PARENT/GUARDIAN: _____ DATE: _____

Absolutely No Refunds