REGISTRATION FORM

TEAM NAME: _____

HEAD COACH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: HOME: _____ - _____- _____

WORK: _____ - _____ -_____ EXT: _____

CELL: _____ - _____ - _____

EMAIL ADDRESS: **(MANDATORY)** _____

SEASON: **(PLEASE CIRCLE ONE)** SPRING/SUMMER FALL

DIVISION: **(PLEASE CIRCLE ONE)** 12UREESE 14UKOUFAX
16UMANTLE 18UCONNIE MACK

HOME FIELDS: 1: _____

2: _____

FEES:

ADMINISTRATIVE	$375.00
AABC SANCTION	$40.00
USSSA	$10.00
TOTAL	**$425.00**

BASEBALLS DIAMOND DOLA $40.00 PER DOZEN

QUANTITY: _____

A $150.00 NON REFUNDABLE DEPOSIT IS REQUIRED TO REGISTER

DATES:
MARCH 20th FOR SPRING/SUMMER
AUGUST 20TH FOR FALL