

# REGISTRATION FORM

TEAM NAME: \_\_\_\_\_

HEAD COACH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE(HOME) \_\_\_\_\_

(WORK) \_\_\_\_\_

(CELL) \_\_\_\_\_

EMAIL ADDRESS MANDATORY \_\_\_\_\_

SEASON: CIRCLE ONE      SPRING/SUMMER      FALL

DIVISION:                      12U Pee Wee Reese      13U Koufax  
   14U Koufax                      16U Mantle  
   18U Connie Mack

HOME FIELDS: 1: \_\_\_\_\_

2: \_\_\_\_\_

## FEES:

ADMINISTRATIVE	\$395.00
AABC SANCTION	\$60.00 spring/summer only
CABA	\$10.00 spring/summer only

BASEBALLS PRO NINE \$40.00 PER DOZEN  
QUANTITY(    )

A \$150.00 NON REFUNDABLE DEPOSIT IS REQUIRED TO REGISTER

MARCH 20TH FOR SPRING/SUMMER  
AUGUST 20TH FOR FALL