

**BATTER'S BOX WINTER HITTING LEAGUE
REGISTRATION FORM**

TEAM NAME: _____

AGE BRACKET: _____

TEAM CAPTAIN: _____

TEAM MEMBERS: (Please list the following information for each team member)

| NAME | ADDRESS | PHONE # | AGE | DOB |
|----------|---------|---------|-------|----------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ALTERNATE |

**PLEASE RETURN THIS ENTRY FORM WITH A \$50.00 NON-
REFUNDABLE DEPOSIT TO:**

**THE BATTER'S BOX
21 MARNE STREET
HAMDEN, CT. 06514**

**ALL ENTRIES AND DEPOSITS DUE BY DECEMBER 1ST.
PLEASE BE ADVISED THAT SPACES FOR THIS LEAGUE
FILL UP QUICKLY. MAIL AS SOON AS POSSIBLE!**

**FOR MORE INFORMATION PLEASE CONTACT THE
BATTER'S BOX AT:
(203) 248-2398**