

HANFORD BABE RUTH REGISTRATION FORM

PLAYER
FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ ZIP _____

DATE OF BIRTH ___/___/___ TELEPHONE # _____

EMAIL ADDRESS -----

SCHOOL _____ GRADE _____

DO YOU PLAY FOR A SCHOOL TEAM? YES OR NO
IF YES TEAM NAME _____

DID YOU PLAY HANFORD BABE RUTH LAST YEAR? YES OR NO
IF YES WHAT TEAM? _____

LIVE WITH MOTHER/FATHER/BOTH (CIRCLE ONE)

FATHER _____ TELEPHONE (H) _____ (W) _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS -----

MOTHER _____ TELEPHONE (H) _____ (W) _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS -----

COMMENTS (ANYTHING YOU WOULD LIKE THE LEAGUE TO KNOW)

LEAGUE USE ONLY

AMOUNT DUE _____ AMOUNT PAID _____ DATE PAID _____ BALANCE _____

BIRTH CERTIFICATE VERIFIED BY _____