Warwick PAL Babe Ruth League Registration Form

BASEBALL 2020

Last Name:_____ First Name:_____ Initial:___

DOB:_____ Age:_____ Sex:_____ Player's Cell:_____

Street:_____ City:_____ Zip:_____

Telephone:_____ Email:_____

School:_____ Grade:_____

Dad's Last Name:_____ First Name:_____ Cell:_____

Mom's Last Name:_____ First Name:_____ Cell:_____

Any Health Problems?_____

Do you play for an AAU team?_____

Did you play for your High School?_____

Did you make the PAL All-Star team last year?_____

What were the top 2 positions you played last year?_____

Do you have a parent who would like to coach?_____

OFFICE USE ONLY

FEE: 170.00 /255.00 (2)   AMOUNT PAID:_____   DATE OF PAYMENT:_____

TYPE OF PAYMENT: CHECK#:_____   CASH:_____   CREDIT:_____