

Team Registration Form

Team Name: _____

Division (circle): **18U** **16U** **14U** **12U**

Manager Name: _____

Address: _____

Home Ph: _____

Cell Ph: _____

Work Ph: _____ **ext.** _____

Primary Email: _____

Secondary Email: _____

Alt Contact Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____ **ext.** _____

Primary Email: _____

Secondary Email: _____

Home Field 1: _____

Address: _____

Home Field 2: _____

Address: _____

Home Field 3: _____

Address: _____

Insurance Provider: _____

Baseball Affiliations: _____

- **ALL CHECKS ARE TO MAKE PAYBALE TO: ASPIRING ATHLETES ***