

Amount paid: _____
Paid by: () Cash
() Check

2006 CAYB FALL BASEBALL **TEAM REGISTRATION**

Coach's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell/Other phone: _____

E-mail address: _____

Number of players: _____ Age division: _____

List player's names and date of birth below:

1. _____ 7. _____

2. _____ 8. _____

3. _____ 9. _____

4. _____ 10. _____

5. _____ 11. _____

6. _____ 12. _____

Medical release forms must be completed for each player