

POST 218 AMERICAN LEGION BASEBALL - REGISTRATION FORM

Please fill out digitally and then print. Bring this with you to the tryout.

Player's Information: **NAME AS IT APPEARS ON YOUR BIRTH CERTIFICATE**

Name: _____
(Full name as it appears on birth certificate)

Address: _____
(Street address including city & ZIP. Do not include PO Box)

Dates you will miss due to camps, vacations, etc during the months of May, June & July:

High School _____ Year of Graduation _____

Height _____ Weight _____ Throws _____ Bats _____

Position(s) _____

Player's Date of Birth _____ (MM/DD/YYYY) Player's Phone: _____ Cell _____

Player's Email Address: _____

Parent's Information: If Mom and Dad's information is the same just write "same" on the appropriate line.

Fathers Name: _____ Hm Phone: _____ Cell: _____

Address: _____
(Street address including city & ZIP. Do not include PO Box.)

Email: _____

Mothers Name: _____ Hm Phone: _____ Cell: _____

Address: _____
(Street address including city & ZIP. Do not include PO Box.)

Email: _____

Coach Section: DO NOT FILL IN BELOW HERE

Hat Size _____ Shirt Size _____ Pants Size _____