

APPLICATION TO PLAY LITTLE LEAGUE BASEBALL

Rita Murphy Challenger Division 2016 Season

<u>Player's Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>New Player?</u>
	/ /		Yes No
	/ /		Yes No
	/ /		Yes No

Shirt Size (circle one)	Youth: S M L Adult: S M L XL
Pant Size (circle one)	Youth: S M L Adult: S M L XL

Mail Information to: ____ Father's Address ____ Mother's Address ____ Address the same

Father's Name: _____

Mother's Name: _____

Occupation: _____

Occupation: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

I/we, the parent(s) of the above names person, give my/our permission and approval for my son or daughter to participate in Little League activities. I authorize the release of a photograph of my son or daughter for publicity of our Challenger Division program.

Signature: _____

Date: _____

ALL MONIES ARE DUE AT THE TIME OF REGISTRATION

Registration fee for CHALLENGERS DIVISION:

\$20.00 per family

FOR LEAGUE USE:

Total Due: _____

Total Paid: _____

Payment: _____

Entered: _____

Make Checks Payable to:

Colonie Little League

Mail to:

Colonie Little League

Attn: Joe Trimarchi

6 Morocco Lane

Schenectady, NY 12304