APPLICATION TO PLAY LITTLE LEAGUE BASEBALL

Rita Murphy Challenger Division 2018 Season

Player's Name	**Date of Birth**	**Age**	**New Player?**
	/ /		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 CHALLENGER

$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

Rev. 4/24/2018