

POST 218 AMERICAN LEGION BASEBALL - REGISTRATION FORM

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

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (Zip Code)

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 _____

Hat Size _____ Shirt Size _____ Pants Size _____ Eyes _____ Hair _____

Position(s) _____

Player's Date of Birth _____ Player's Phone: _____
(Month) (Day) (Year) 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) (City) (Zip Code)

Email: _____

Mothers Name: _____ Hm Phone: _____ Cell: _____

Address: _____
(Street) (City) (Zip Code)

Email: _____