Classie Lassie Registration Form (http://www.classielassies.com)

Name	Date of Birth
Mailing	
Address	Age (as of this past January 1st)
CityZip	Age Group: 9-10 11-12 13-16
SchoolGrade	Used only as a Guide – No Guarantees
Primary Phone	☐ Home ☐ Work ☐ Cell ☐ Home
Additional Phone	Home
Additional Phone	□ Work □ Cell
	(please print clearly)
Pitching Interest: Y N # of Years Playing: Organized Ball	Average Above Ave. Outstanding Catching Interest: Y N Tournament Ball School Ball 2 14/16 Adult Sizes: SM MED LGE XLGE
	_Phone
	t or medical problem?, Describe
	Father
Are You Interested in: Managing: Y N Name Coaching: Y N Name	Purchasing a Sign: Y N
I do hereby give my daughter,	, permission to participate in the Classie I will assume all risks and hazards that are incidental to the conduct of the the number of the conduct of the c
	Date
League Use Only Registration Total:	No. Registered:
Amount Paid: (Check, Cash)	Check No.:
Amount Owed: Late Fe	e: League Official: