

# PHBSA FALL CLASSIC TEAM REGISTRATION FORM



Charter Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age Classification: 9-10  11-12  13-14  Gender: Boys Baseball  Girls Softball

Team Name/Sponsor: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

	Player Name	Street Address	City	Zip	Phone	DOB (MM/DD/YY)	Shirt Size
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							
16							
17							

(Shirt Sizes: YS, YM, YL, YXL, AS, AM, AL, AXL, AXXL)

Assistant Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

*I, hereby certify that each member listed above is eligible to represent his team, and shall comply with all PHBSA Fall Classic Rules and Regulations.*

Date: \_\_\_\_\_ Team Manager Signature: \_\_\_\_\_

*I, hereby certify that the information listed on the ROSTER has been reviewed and found to be correct and complies with PHBSA Fall Classic Rules and Regulations.*

Date: \_\_\_\_\_ Authorized PHBSA Officer Signature: \_\_\_\_\_