Registration Form

Name				**DOB**	
Address					
City			**ZIP**		
Home Phone		**Cell Phone**			
Shirt Size (Check one)	**Youth XS**	**Youth Sm**	**Youth Med**	**Youth Lg**	**Youth XL**
Shirt Size (Check One)	**Adult XS**	**Adult Sm**	**Adult Med**	**Adult Lg**	**Adult XL**

_____ I am interested in playing fall ball: Please circle age group below.

Age level 6-8 9-10 11-12 15-U

_____ I am interested in the 12-Under Travel Fall Ball- **Tryouts are Aug 1 & Aug 8**

_____ I am interested in all clinic information, please mail to me at the address above.

Interested in: Pitching Hitting Fundamentals

Catching Bunting

_____ Please be sure that Mr. Nance knows that I am interested in playing high school ball and want to play summer ball.

Comments: _____

Please circle all interested areas above. Mail to PO Box 171, Marengo IL 60152