MADISON HEIGHTS YOUTH BASEBALL ASSOCIATION
2021 FALL BALL CONTRACT

PLAYERS NAME _____ _____ _____
                      FIRST NAME   **FULL MIDDLE NAME**   **LAST NAME**

PLAYERS ADDRESS _____
                           STREET

_____
          CITY   **STATE**   **ZIP CODE**

PLAYERS DATE OF BIRTH _____/_____/_____   PLAYERS CURRENT AGE ____

_____ _____ _____
 HOME PHONE #   MOTHER'S CELL #   FATHER'S CELL #

Do you have a brother or sister playing Fall Ball?   ____YES   ____NO

If yes, players name(s)_____ & _____

_____   _____
Parent / Guardian **Signature**   Parent / Guardian **Printed Name**

Date: ____/____ 2021

PLEASE DO NOT WRITE BELOW THIS LINE.
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LEAGUE AGE _____   AMOUNT OF REGISTRATION FEE PAID _____

REGISTRATION FEE COLLECTED BY: _____ Date ____/____/21

Player Shirt Size:_____   Player Hat Size:_____