



Winter Workouts Sign Up Sheet

Players Name: _____ Grade: _____

T-Shirt size: S M L XL

Players cell phone number: _____

Players email address: _____

Parents (Guardian) name: _____

Address: _____

Parents (Guardian) contact number: _____

Parents (Guardian) email address: _____

Complete this form and mail it with a check in the amount of \$250.00 made out to Souhegan Baseball Booster Club and mail to: Souhegan Baseball Club, PO Box 1063, Amherst, NH 03031. These must be recieved on or before December 31, 2019