

# CNY PIONEERS TRAVEL BALL REGISTRATION

Players Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

School: \_\_\_\_\_

Previous Travel Ball Team / Coach: \_\_\_\_\_

Primary Position: \_\_\_\_\_

Secondary Position: \_\_\_\_\_

Bats:                      Right              Left              Switch

Throws:                      Right              Left              Switch

Parents Name(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

\_\_\_\_\_ Phone (Cell): \_\_\_\_\_

eMail Address(s): \_\_\_\_\_

\_\_\_\_\_

Interested in Fall Baseball Starting in September:              Yes              No

Interested in Spring Baseball:              Yes              No

Interested in Tournaments:              Yes              No

Interested in Playing Weekdays (1 or 2 times per week):              Yes              No

Will your player be playing Little League / Legion or Babe Ruth:              Yes              No

Shirt Size: \_\_\_\_\_ Hat Size: \_\_\_\_\_

Three number choices for Jerseys: \_\_\_\_\_

