2010
WTAA SOFTBALL REGISTRATION

P.O. Box 26 . Atco, NJ 08004 . 856-768-7208
WWW.WTAA.ORG

Applicant's Name:_____

Address:_____

City:_____ **Zip:**_____

Home Phone:_____ **Cell:**_____

E-Mail Address:_____

Date of Birth:_____ **Age (as of 1-1-10)**_____

Parents' Names:_____

Parent Signature:_____

UNIFORM SIZE: (circle one) **Children: S M L**

Adult: S M L

ALL PLAYERS WILL PLAY AT AGE APPROPRIATE LEVELS, EXCEPT FOR BOARD-APPROVED EXTREME CIRCUMSTANCES.

IN THE EVENT THAT THERE IS AN OVERWHELMING NUMBER OF CHILDREN THAT SIGN UP FOR ONE AGE GROUP AND NOT ENOUGH COACHES, THERE WILL BE MANDATORY TRYOUTS AND THERE WOULD BE A POSSIBILITY THAT SOME CHILDREN MAY NOT MAKE THE TEAM WHICH YOU WILL RECEIVE A FULL REFUND.

Attention Parents: We need your support to make our program work!
_____MANAGER(requires background check & Rutgers Certification)

_____ASST.MGR (requires background check & Rutgers Certification)

_____FIELD PREP _____CONCESSION STAND _____OTHER

***********************DO NOT WRITE BELOW THIS LINE***********************

Fee Paid $_____ **Check #**_____ **Cash $**_____

WTAA Registrar_____