

2010

WTAA BASEBALL REGISTRATION

P.O. BOX 26 / ATCO, NJ 08004 / (856) 768-7208

Player's name _____

Address _____

City _____

Home Phone _____ **Cell** _____ **Work** _____

Date of Birth _____ **age(as of 5/1/10)** _____

E-mail Address _____

Parent's Names _____

Parent Signature _____

UNIFORM SIZE: (please circle one) Children: S M L XL

Adult: S M L XL

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

ATTENTION PARENTS : We need your support to make our program work!

____ **MANAGER** (requires background check and Rutgers certification)

____ **ASST. MANAGER** (requires background check and Rutgers certification)

____ **FIELD PREP**

____ **CONCESSION STAND**

____ **OTHERS** _____

_____ Please check if your child wants to play fall ball (8yrs. Old and up)

SPECIAL REQUESTS:

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

Fee Paid \$ _____ Check # _____ Cash \$ _____

WTAA Registrar _____