

ARLINGTON SENIOR BABE RUTH REGISTRATION FORM - 2010

13 Year Olds*

See our web page: www.eteamz.com/arlingtonseniorbaberuth

Name _____ Date of Birth ____/____/____

Address _____ Zip Code _____

Phone Number _____ Parents Name(s) _____

School _____ Email(s) _____

Are there any players with whom you want to be on the same team? (Keep this list as short as possible. We will **try** to accommodate these requests.)

Do you intend to try out for a scholastic baseball team? ☐ YES ☐ NO

(If "yes" and you want to play Senior Babe Ruth Baseball in May and June, please sign up now.)

Will you be available to play all-star baseball through the month of July? ☐ YES ☐ NO

Are your parents willing to help Senior Babe Ruth Baseball in a volunteer capacity? ☐ YES ☐ NO

If yes, in which of the following capacities:

- ☐ Coach ☐ Sponsor Recruitment ☐ Field Maintenance ☐ Scorekeeping ☐ Web Page
☐ Assist with District or other Tournaments hosted by Arlington ☐ Other: _____

Please return this form (and the consent for treatment form) along with a check for \$135 made payable to Arlington Senior Babe Ruth Baseball as soon as possible.**

Mail to: Arlington Senior Babe Ruth Baseball
P.O. Box 50113
Arlington, VA 22205

I have enclosed an additional donation of \$_____ to assist in defraying league costs.

If you have any questions, please contact Al Schneider at (703) 533-0748.

This form should only be used for registration if you were born between 5/1/96 and 4/30/97.

** Financial assistance is available to cover the registration fee if needed. Simply attach a brief statement of need signed by a parent or guardian to the registration form.