

AGE DIVISION: _____
 SUBDIVISION (RED or BLUE): _____

CCFBL Team Registration Form

Team Name:			
Coach Name:			
Town:			
Organization:			
Age Division:		Subdivision (Red or Blue):	
Contact Person(s):			
Address:			
Daytime Phone:			
Evening Phone:			
Cell Phone:			
Email:			
Umpire Payments to:			
MailingAddress:			

MAKE CHECKS PAYABLE TO CCFBL

Division	Fee	# of Teams	Check #/Cash	Confirmation
8U	\$800			
10U	\$1,100			
12U (46/60)	\$1,100			
12U (50/70)	\$1,100			
12U (60/90)	\$1,450			
13U	\$1,450			
15U	\$1,450			
17U	\$1,500			
TOTALS:				