

Southwest Illinois Select Baseball League

www.swiselectbaseball.org

TEAM APPLICATION

TEAM REGISTRATION **DEADLINE: JULY 1, 2009**

Southwest Illinois Select Baseball League • 411 West Monroe Street • Belleville IL 62220 • (618) 277-5576

FALL
2009
BASEBALL

Registration Fee Must Accompany Team Application In Order To Be Valid

Please attach as many player registration forms as you can to this form and submit them together. As more players are added to your roster, please attach them to a copy of this form to ensure proper placement of players. Players may be added until the first pitch of the third game. A player registration form **MUST** be provided for each player on the roster and it must be signed by a legal guardian. No exceptions.

MANAGER INFORMATION

MANAGER'S NAME:		HOME PHONE NUMBER:	PREFERRED <input type="checkbox"/>
MANAGER'S CHILD'S NAME:		CELL PHONE NUMBER:	PREFERRED <input type="checkbox"/>
ADDRESS:		EMAIL ADDRESS:	PREFERRED <input type="checkbox"/>
CITY:	STATE:	ZIP CODE:	MANAGER'S SIGNATURE (REQUIRED!):

COACH INFORMATION

Each team may have no more than two coaches in addition to the manager.

COACH NAME:		COACH'S HOME PHONE NUMBER:	PREFERRED <input type="checkbox"/>
COACH'S CELL PHONE NUMBER:	PREFERRED <input type="checkbox"/>	COACH'S EMAIL ADDRESS:	PREFERRED <input type="checkbox"/>
COACH NAME:		COACH'S HOME PHONE NUMBER:	PREFERRED <input type="checkbox"/>
COACH'S CELL PHONE NUMBER:	PREFERRED <input type="checkbox"/>	COACH'S EMAIL ADDRESS:	PREFERRED <input type="checkbox"/>

TEAM INFORMATION

TEAM NAME:	AGE DIVISION: <input type="checkbox"/> 9U <input type="checkbox"/> 11U <input type="checkbox"/> 13U <input type="checkbox"/> 15U <input type="checkbox"/> 17U <input type="checkbox"/> 18+
SHIRT COLOR:	HAT COLOR:

TO BE COMPLETED BY REGISTRATION STAFF

DATE RECEIVED:	AMOUNT RECEIVED:	RECEIVED BY:	PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK #: _____
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