

SOUTHERN LEHIGH LITTLE LEAGUE
PO Box 107
Coopersburg, Pa 18036
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Player Registration Form

Registration Number: _____

Player's Last Name: _____ **First Name:** _____ **MI:** _____

Street: _____

Town: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **Sex:** _____ **Birthdate:** _____

Email: _____

Shirt Size: _____ **Pants Size:** _____ **Socks Size:** _____ **Hat Size:** _____

Grade: _____ **School:** _____

Father's Last Name: _____ **First:** _____ **Phone:** _____

Address: _____ **Work:** _____ **Cell:** _____

Father will help with Team _____ **League** _____ **Umpire** _____ **How?** _____

Email: _____

Mother's Last Name: _____ **First:** _____ **Phone:** _____

Address: _____ **Work:** _____ **Cell:** _____

Mother will help with Team _____ **League** _____ **Umpire** _____ **How?** _____

Email: _____

Emergency: _____ **Phone:** _____ **Cell:** _____ **Relation:** _____

Doctor: _____ **Phone:** _____ **Note:** _____

Dentist: _____ **Phone:** _____ **Hospital:** _____

Father's Insure Co: _____ **Policy #:** _____ **Mother's:** _____ **Policy #:** _____

19th Annual Memorial Golf Tournament - May 12th - Wedgewood - \$80

Are you interested in playing in the golf tournament? Yes No

Are you interested in sponsoring a hole - Family \$25 Business \$100