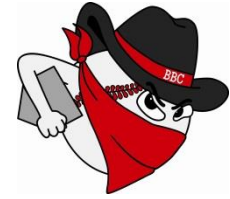




Fall Registration Form



Please Print

Name of Player: _____ Birth Date: _____

Street Address: _____ Town: _____

State: _____ Zip: _____ Parents Names: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Any Medical Concerns/Allergies _____

Age upon September 1, 2017* _____

*Remember thinking ahead 1 year. So if 9 on September 1, 2016 then should play as 10.

Group: Circle One

7-9 Year Olds **Max 60 players** (\$300)

13u **Max 16 players** (\$400)

10-12 Year Olds **Max 50 players** (\$350)

15u **Max 16 players** (\$400)

18u Travel Team **Max 18 players** (\$400)

18u Travel/Tournament Team **Max 18 players** (\$500)

Payments: Cash or Check (made out to Braintree Baseball Club)

50% deposit due upon registration

Registration Due by August 20th*

*All Teams/Group have a max on rosters, if teams fill up or spots are open still past August 20th we will notify thru email and blast through Little League and Babe Ruth

Please mail registrations to:

Braintree Baseball Club

24 Plain Street Braintree, MA 02184

Website: www.braintreebaseballclub.com