

LDBA Mosquito All Star Team Tryout Registration Form

PLAYER INFORMATION:

Full Name: _____ Date of Birth (MM/DD/YY): _____

Address: _____ City: _____ Postal: _____

Home Phone Number: _____

Mothers Name: _____ Cell: _____

Fathers Name: _____ Cell: _____

Players E-mail Address: _____

Mothers E-Mail Address: _____

Fathers E-mail Address: _____

Position #1: _____ Position #2: _____ Position #3: _____

Bats: _____ Throws: _____ Height: _____ Weight: _____

2017 LDBA Rep Team: _____ Minor/Major _____

Registration fee cheques to be made payable to London and District Baseball Association in the amount of \$10.00 and players are guaranteed 3 tryouts.