



BLACK WIDOWS BASEBALL CLUB, LLC

SUMMER TRAINING REGISTRATION FORM

Players Name:	Birth Date: / /
Address:	Parent's Cell#
City/State:	Parent's email:
Zip Code:	PLAYER's Cell#
Home Phone:	PLAYER's email:

What year will you begin High School? _____

What High School do you plan to attend? _____

T-Shirt Size: YM YL AS AM AL AXL AXXL

Previous Baseball Experience			
Previous Experience: (circle all that apply)	Travel ball	Pony	Little League
Previous Positions Played:			
Position(s) you would like to learn (if different than those above):			
Played for what team/league last year?			
Last Year's Coach was:			
Coach's contact # or email:			
Any Special Recognition Received (All Stars, certificates, awards, etc.) & what year was it received?			
Player's goals for the upcoming season:			

Office Use Only

DOB	Age @ 5/08	CK#
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