



Baseball Registration Form

League Name: _____

Date: _____

Team/Club Name: _____

Age: _____

Team Level Type: _____

Coach's Name: _____

Coach's Phone: (Please include area code)

(h): _____ (c): _____

Coach's Address: _____

City _____ St. _____ Zip _____

Fax: _____ E-Mail _____

Coach's Signature: _____

Make Checks payable to:

YES!

P.O. BOX 194

Cedarbrook, NJ 08018

www.youthelitesports.org