



PLAYER DEMOGRAPHIC INFORMATION

Registration

Date:

m	m
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 /

d	d
---	---

 /

y	y
---	---

County:

SSNo.:

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 Sex:
DOB:

m	m
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 /

d	d
---	---

 /

y	y	y	y
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Last Name:

First Name:

Physical Address:

eMail / Web:

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Postal Address:

Phones:

Height:

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 inches
Weight:

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 lbs.

Bilingual:

Throws:

L	R	S
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Bat:

L	R	S
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Position:

Player Signature

Team Owner

All Affiliate Members must provide color copy/photo-copy of your Legal ID.
Your Legal ID must have picture and your Date OF Birth (DOB).
Also submit 2 (2x2) color pictures with white background.