

APPLICATION TO PLAY LITTLE LEAGUE BASEBALL CHALLENGER DIVISION 2007 SEASON

Player's Name	Date of Birth	Age	New Player?
	/ /		Yes No
	/ /		Yes No
	/ /		Yes No

Shirt Size (circle one)	Youth: S	M	L	Adult: S	M	L	XL
Pant Size (circle one)	Youth: S	M	L	Adult: S	M	L	XL

Mail Information To: _____ Father's Address _____ Mother's Address _____ Addresses are the same

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

E-Mail: _____ E-Mail: _____

I/we, the parent(s) of the above named person, give my/our permission and approval for my son or daughter to participate in Little League activities. I authorize the release of a photograph of my son / daughter for publicity of our Challenger Division program.

(Signature)

(Date)

ALL MONIES ARE DUE AT THE TIME OF REGISTRATION

Registration fees for CHALLENGER DIVISION:

\$20 per family

FOR LEAGUE USE

Total Due: _____

Total Paid: _____

Payment: _____

Entered: _____

Make Checks Payable to:

Colonie Little League

Mail to:

Dave Gallager
7 New Shaker Road
Albany, NY 12205
racin51@aol.com
(518) 452-6898