Print Form

BASEBALL **League Name** Kids Inc Elk City Summer Baseball **Age Group:** PR

Town or School and Team Name_____ **Home Field Town**_____

Manager/Head Coach_____ **Address**_____ **Phone**_____

Full Player Name	Birth Date	Home Physical Address including Town	Current School

I hereby certify that all the above information is true and correct. _____ **Manager/Head Coach, Date**_____

Submitted by_____ **League President, Date**_____ (revised April 2012)