

EXTREME FALL BALL PLAYER REGISTRATION

SOFTBALL BC LIFETIME # _____

PLAYER NAME: _____ YEAR BORN: _____

HOME CLUB 2017: _____

ADDRESS: _____

HOME PHONE: _____

BC CARE CARD # _____

DOCTOR NAME: _____ PHONE: _____

DENTIST NAME: _____ PHONE: _____

CIRCLE PREFERRED GROUP:

(TUES & SUN) ('2002-'2005) (WED & SUN) 2006-2009

PLEASE CIRCLE INFIELD POSITIONS YOU ARE WILLING TO PLAY:

PITCHER CATCHER 1ST BASE 2ND BASE 3RD BASE SHORTSTOP

PLEASE CIRCLE T-SHIRT SIZE YM YL YXL S M L XL

1 FRIEND TO BE SURE IS ON MY TEAM: _____

GUARDIAN INFORMATION:

1. GUARDIAN NAME: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

2. GUARDIAN NAME: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

EXTRA EMERGENCY CONTACT: _____

***WILLING TO COACH? NAME: _____

Please make \$60 cheques out to: Central Saanich Extreme Fastball Club.

Mail to: Extreme Fastball Club PO box 333 Brentwood Bay BC V8M 1R0

FIRST COME, FIRST SERVED!!!!