ALTA VISTA/DWIGHT Baseball Commission Form Year 2017

Participant's Name:	/ ////////////////////////////////////	GIRL/BOY(circle) CurrentGrade
Parent/Guardian name(s)		
Address:		Birth Date:
City:	Zip:	
E-mail Address:		•
Home Phone:	Mom Cell:	Dad Cell:
Best way to contact parent ismom celldad cellhome phoneemailtext message Is it okay to text you with informationyesno		
Fee for T-Ball \$15.00 ***Fee for Softball/Baseball \$30.00*** ***All fee's include a shirt***		
Has child played this sport before: YES NO		
T-Shirt Size (if needed) YouthXSSMMEDLGXLXXL		
WILL YOU COACH? YES NO ASSIST? YES NO		
Name:	Phone:	E-mail:
WAIVER FOR PARTICIPANT: In consideration of your accepting this entry, I,		
Signed:	Print Name:	
Date:		
DO NOT RETURN THIS FORM TO THE SCHOOL FORMS MUST BE RETURNED WITH PAYMENT TO ALTA VISTA CITY HALL OR DWIGHT CITY HALL NO LATER THEN MARCH 10th		

Alta Vista City Hall

Dwight City Hall

521 Main Street

612 Main Street

P.O. Box 44

P.O. Box 157

Alta Vista, KS 66834

Dwight, KS 66849