

**Stafford Girls Softball Association 2011 Season
Registration
PO BOX 624
Manahawkin NJ 08050**

**Coaches Pitch (Grades 2nd -3rd)
Registration Fee
RESIDENTS \$80.00
NON-RESIDENTS \$115.00**

Name of Child:_____ Age:_____ Grade:_____

Date of Birth:_____

Mailing Address:_____

Home Phone:_____ Emergency: _____

Mother's Name:_____ Cell#:_____

Father's Name:_____ Cell#:_____

E-Mail Address:_____

Did you play softball in this league last year? Yes or No

Will you be changing teams? Yes or No

Team played for last year:_____

Sister in League? (Name & Division)_____

Please circle uniform size below:

Shirt Size: Youth Small Youth Med Youth Large Youth X-Lg

Pants Size: Youth Med Youth Large Youth X-Lg

Parent/ Legal Guardian Signature:_____ Date:_____

****PLEASE NOTE THAT THERE WILL BE A LATE FEE OF \$10 FOR ANY REGISTRATION RECEIVED AFTER 3/1/10. THERE WILL ALSO BE A \$15.00 CHARGE FOR ANY RETURNED CHECKS****

Person receiving payment:_____ Cash or Check#_____ \$_____