

Stafford Girls Softball Association 2009 Season

Registration

PO BOX 624
Manahawkin NJ 08050

T-Ball (Grades K-1st)
Registration Fee
RESIDENTS \$60.00
NON-RESIDENTS \$90.00

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

Played last year for team: _____

Sister in League (Name & Division) _____

Please circle uniform size below:

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

Parent/Legal Guardian Signature _____ Date _____

PLEASE NOTE THERE WILL BE A \$15.00 CHARGE FOR ANY RETURNED CHECKS

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