

# Stafford Girls Softball Association 2009 Season Registration

PO BOX 624  
Manahawkin NJ 08050

Coaches Pitch (Grades 2<sup>nd</sup>-3<sup>rd</sup>)  
Registration Fee  
**RESIDENTS \$70.00**  
**NON-RESIDENTS \$105.00**

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 Lg Youth X-Lg

Pants Size: Youth Med Youth Large Youth X-Large

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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