

Stafford Girls Softball Association 2009 Season Registration

PO BOX 624
Manahawkin NJ 08050

Juniors (Grades 4th-6th)

Registration Fee

RESIDENTS \$80.00

NON-RESIDENTS \$120.00

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: Adult Small Adult Med Adult Lg Adult X-Lg

Pants size: Adult Small Adult Med Adult Lg Adult X-Lg

Parent/Legal Guardian Signature _____ Date _____

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

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