

Stafford Girls Softball Association 2007 Season  
Traveling Team Registration

**PO BOX 624  
Manahawkin**

**STAFFORD STINGRAYS**

**Registration Fee \$200**

Please Circle

U-12

U-14

U-16

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

D you play for this league Yes No

Team you play on: \_\_\_\_\_

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# \_\_\_\_\_ \$ \_\_\_\_\_