

APPLICATION TO PLAY LITTLE LEAGUE BASEBALL CHALLENGER DIVISION
2009 SEASON

Player's Name	Date of Birth	Age	New Player?
	/ /		Yes No
	/ /		Yes No
	/ /		Yes No

Shirt Size (circle one)	Youth: S M L	Adult: S M L XL
Pant Size (circle one)	Youth: S M L	Adult: S M L XL

Mother's Name: _____
 Occupation: _____
 Address: _____

 Phone: _____
 Email: _____

Father's Name: _____
 Occupation: _____
 Address: _____

 Phone: _____
 Email: _____

I/we, the parent(s) of the above named person, give my/our permission and approval for my son / daughter to participate in Little League activities. I authorize the release of a photograph of my son / daughter for publicity of our Challenger Division program.

(Signature) _____ (Date) _____

ALL MONIES ARE DUE AT THE TIME OF REGISTRATION

Challenger Division Registration Fee: \$20 per Family

Make Checks
 Payable to:
Colonie Little League

Mail to:

Mike Martin
 8 Peachtree Ln.
 Albany, NY 12205
michaelmrtn132@gmail.com
 (518) 869-0781

For League Use	
Total Due	_____
Total Paid	_____
Payment	_____
Entered	_____