

# HITTING LEAGUE REGISTRATION

TEAM NAME \_\_\_\_\_

MAIN CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

## PLAYERS

NAME                      PHONE                      WAIVER ATTACHED

Y/N (required for each player, must be signed by parent/guardian)

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*(Office Use Only)*  
Method of Payment

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Admin/Score Fee

Week One

Week Two

Week Three

Week Four

Week Five