ST. STANISLAUS ATHLETIC ASSOCIATION

2017 BASEBALL/SOFTBALL REGISTRATION FORM

Grades 1 – 8

Submit IMMEDIATELY to determine which teams we can form

Player's name:				
Complete Address:				
Date of Birth:	Grade:	School:	Par	rish:
Parent name:	Pho	ne :	T	ext OK? Yes or No
Parent name:	Pho	ne :	T	ext OK? Yes or No
Email Address(es):				
Did your child play for S	St. Stan's last year	r? Y/N Last Y	Year's Coach:	
Does your child have all	ergies? Yes or	No If yes, to wha	at?	
	CH (Yes or No er coaches help maches and Ass	ake the Athletic	Association a suc	ccess.
Parent signature:				
Shirt size (please check	Child	l-small [l-medium [l-large [l-XL [Adult-small Adult-medium Adult-large Adult-XL	m
Registration fee: \$55.0	<u>0</u>			
	(CHECKS MADE Is vith your student or received with	mail to us at, 534 Fro	ont St, Chicopee, M	IA 01013.
Registration forms receive size limits and S	d after March 1st, w St. Stan's Athletic A			
Any questions, conta	nct us at StStans	Athletics@st.stan	islaus.mec.edu (or (413) 592-5135
		FEE PAID	CASH	CHECK#