

Hammond Chiefs Fall Ball 2011



www.HammondChiefs.com

To Be Filled Out By
Administrator

League Age: _____

Registration Form (Please Print)

1. _____
Player's Last Name First Name Birth Date

_____ _____ _____
Street City Zip Code

_____ _____
Phone Number Parents or Legal Guardians

2. What school will player attend this year? _____

3. I give my permission for this applicant to participate in the Hammond Chiefs Fall Program for the 2011 season. _____

Signature of Parent or Legal Guardian (required if under 18)

4. Fees: Please make checks payable to: **Hammond Chiefs**

1 Player \$125 Out of Town Resident

1 Player \$100 Hammond Resident

2 Players \$225 Out of Town Residents 2nd Player: _____

2 Players \$175 Hammond Residents 2nd Player: _____

Type of Payment – Cash _____ Check _____ Check # _____ Rcvd By: _____

Other Information

T – Shirt Size Adult: XXL XL L M S

Positions: _____ Bat: R L Throw: R L

Evaluation Session A – Sunday August 21, 2011 10:00am - Noon

Evaluation Session B – Sunday August 21, 2011 1:00PM 3:00PM

Checks with forms can be mailed by 8/15/11 to:

Hammond Chiefs
C/O Pat Bieszat, Treasurer
7434 Colorado Ave.
Hammond, IN 46323
Phone : 219-852-WIN-1