## SARASOTA BABE RUTH – Spring 2024 P.O. Box 3735, Sarasota, FL 34230

www.sarasotababeruth.com

Player's Last Name: _		First Name:									
Street:		City:				Zip:					
Preferred Phone:				School:					Grade:		
Date of Birth:/	Day Ye	<u>/</u> ear		Age on April 30, 2024 Returning Player Ne							
REGISTRATION OPT Regular Player ( Junior Varsity (J	(Non-J\	•	_				-	Ticke	Select one) ets \$310 ets \$250		
Shirt Size: YOUTH:	S M	L	XL	ADULT:	S	M	L	XL	Other		
Pant Size: YOUTH:	8 M	L	XL	ADULT:	S	М	L	XL	Other		
What Positions Do Yo	u Playî	?									
Father's Last Name: _				First Name:							
Phone:	E-mail:										
lother's Last Name:				First Name:							
Phone:			E-ma	il:							
Business/Sponsorship	Signs	Avai	lable: \$	\$250 for 1	year	or \$	350	for 2	yrs (please inquire)		
Emergency Contact:	Fathe	r		Mother							
Other:			Re	lation:	on: Phone:						
Allergies or othe											
********	*****	*****	******	******	****	****	*****	*****	*******		
OFFICIAL USE:		*Birth Certificate checked by									
Registration paid by:	Checl	k#			Ca	sh _		R	eceipt #		
	Amt Paid				Balance Due						
	Rec'd by				Date						