

Tri-Village Little League

2009 SPRING REGISTRATION

PLAYER INFORMATION

Please note that a copy of a birth certificate is required for all players new to the TVLL Spring Program!

Last Name: First Name: DOB: Sex:

Address: City: ZIP:

PARENT/GUARDIAN INFORMATION

Contact 1 Name: Contact 1 Phone: Contact 1 Cell: Contact 1 Email:

Contact 2 Name: Contact 2 Phone: Contact 2 Cell: Contact 2 Email:

HEALTH

Physician's Name:

Health Conditions:

SCHOOL and ACTIVITIES

School: Grade: Teacher:

Other Activities that may result in conflicts:

REGISTRATION

Refer to the chart on the back of this form for help in selecting the proper registration level.

Division Requested for 2009: MAJORS INTERMEDIATE FARM JUNIOR YOUTH

Special Requests or Considerations:

Single Registration: \$ 80 Check here if this registration is paid under the family plan on another registration and enter \$0 for Check Total below.

Family Registrations: \$ _____
add \$40.00

Total Registration Fee \$ _____

**Registration Deadline for Guaranteed Placement is
January 15, 2009**

Additional Support \$ _____
Benefactor >\$50 Patron \$26-\$50 Booster up to \$25

Check Total \$ _____

Please make checks payable to Tri-Village Little League.

TVLL Use Only
Division Played Last Spring: Tryout Status: 0-N/A 1-Major Ret 3-MTO 4-Inter Ret 6-ITO

COACH VOLUNTEER

First Name: Last Name: Coaching Position Desired:
 MANAGER COACH EITHER

Phone Number: Cell Number: Email:

Pairing or Other Request:

To submit by mail, please forward along with payment to: TVLL, P.O. Box 164, Delmar, NY 12054