



REGISTRATION

NAME: _____

AGE: _____ DATE OF BIRTH: ___/___/___

HEIGHT: _____ WEIGHT: _____

THROWS: _____ BATS: _____

SCHOOL: _____

SCHOOL DIVISION: _____

NAME OF PARENTS/GUARDIANS:

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

CONTACT NUMBERS:

HOME: _____

WORK: _____

CELL: _____

EMAIL:

FOR OFFICE USE ONLY:

AMOUNT PAID: _____

CHEQUE NUMBER: _____

BIRTH CERTIFICATE VERIFIED: _____

AGE DIVISION: _____

TEAM: _____

ROOKIES BASEBALL EXPERIENCE

695 Berry Street · Winnipeg, MB · R3H0S4

T: 783-HITS F: 788-1433

www.rookiescages.com