

'Canes Baseball

2016 12U Travel Baseball Registration Form

Player Name: _____
Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____
Parent/Guardian: _____
Email Address: _____

Hat Size: _____

Shirt Size: _____

Monthly Fees: \$140.00 per player.

- 1 team practice at our facility/week
- 1 team field practice/week
- Uniform (jersey and cap)

All payments are due on the **first of each month**. Late payments are subject to a \$20.00 late payment fee.

There is a \$50.00 returned check fee.

Please attach a copy of the player's birth certificate to this form.

For more information, visit our website: www.spacecoastbaseballacademy.com



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