

PLAYER APPLICATION

Name of Player:		
Date:		
League (check ONE):Coast	al (Biloxi)Nor	th (New Albany)
Team Request:		
Date of Birth: Social	Security #:	
Home Address:		
City:	State:	Zip:
Telephone Number(s):	(h)	(c)
Email Address(es):		
College: F	Fall Enrollment Classification	n (FR SO JR SR)
Position(s): Height: We	eight: Bats:	_ Throws:
School:		
Jersey Size:XSSM _	LXLXXL	
Jersey Number:First Choice	Second Cho	ice
Cap Size:XSSM	_LXL	
Baseball Honors/Achievements:		
Personal/Other Achievements:		

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