

## 2005 Spring 13-15 Year Old Registration Form

### Iowa City Babe Ruth Baseball

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail address: \_\_\_\_\_

**Lives with:** (select one) Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_ Team Last Year: \_\_\_\_\_

Current School: \_\_\_\_\_ Adult Jersey Size: \_\_\_\_\_

If you were a National League player last year, do you want to try-out for the American League? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you participate in another baseball league? AAU \_\_\_\_\_ CABA \_\_\_\_\_ High School \_\_\_\_\_ Other \_\_\_\_\_

If you have siblings in the league, do you prefer they be on the same team? Yes \_\_\_\_\_ No \_\_\_\_\_ No Preference \_\_\_\_\_  
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#### **Father:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (319) \_\_\_\_\_ Day Phone: (319) \_\_\_\_\_

E-mail address: \_\_\_\_\_  
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#### **Mother:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (319) \_\_\_\_\_ Day Phone: (319) \_\_\_\_\_

E-mail address: \_\_\_\_\_  
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Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Can you help as a volunteer? Board Member \_\_\_\_\_ Team Manager \_\_\_\_\_ Team Coach \_\_\_\_\_ Team Parent \_\_\_\_\_

Return this entire registration form along with a check payable to **Iowa City Babe Ruth** for \$125.00 to:  
**Babe Ruth Registrations, c/o Ed McEleney, Coldwell Banker, 44 Sturgis Drive, Iowa City, Iowa 52246**

If you are new to Iowa City Babe Ruth and did not provide a copy of your birth certificate to Iowa City Boys Baseball, we will need a copy of your birth certificate. If you provided a copy of your birth certificate to Iowa City Boys Baseball, it has been forwarded to Iowa City Babe Ruth.

**Entry Deadline is 5:00pm Monday, February 28, 2005**