

**2006 Spring 13-15 Year Old Registration Form**  
**Iowa City Babe Ruth Baseball**  
(Birth Dates from May 1, 1990 through April 30, 1993)

Babe Ruth Use Only  
SIGNED BY \_\_\_\_\_

Date: \_\_\_\_\_

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

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

**Lives with** (circle one) Father Mother Both Team last year: \_\_\_\_\_

**Current School:** \_\_\_\_\_ If you were a National League Player last year, do you want

Adult Jersey Size: \_\_\_\_\_ 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

Can you help as a volunteer: \_\_\_ Board Member, \_\_\_ National League Manager, \_\_\_ Coach, \_\_\_ Team Parent, \_\_\_ Concessionaire

Return this entire registration form along with a check payable to **Iowa City Babe Ruth** for \$130.00 to:

**Babe Ruth Registrations, c/o Kimberly Artz, 1743 Quincent St., Iowa City, Iowa 52245.**

**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 Babe Ruth.**

**Deadline is 5:00 pm Tuesday, February 28, 2006.**