

2009 Fall League Registration Form

Iowa City Babe Ruth Baseball

Application for 12-15 Year Old Programs (Birth dates between May 1, 1993 and April 30, 1997)

_____/_____/_____
Player Last Name First Name Sex Birthdate

Player's E-mail address: _____ Today's Date: ____/____/____

Lives with (circle one) Father Mother Both Preferred Positions _____

School in fall 2009: _____ Other Leagues: Boys Baseball CABA HS Other
Adult Jersey Size: _____ (Please circle)

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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Any Instructions:

Signature of Parent/Guardian _____

NOTE: League play begins August 23 and ends October 18. No games on September 6th

We are in need of managers and coaches for the fall league. If you can help check here: _____

Return this entire registration form along with a check payable to *Iowa City Babe Ruth* for \$55.00 to: Babe Ruth Registrations, c/o Ann Romanowski, 502 Woodridge Avenue, Iowa City, IA 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 Friday, August 1, 2009.