

**ANNE ARUNDEL COUNTY
DEPARTMENT OF RECREATION AND PARKS**

Organized Recreation & Athletics Division

YOUTH SPORT COMMISSIONER

Playing Season: **SPRING** Year: **2010**

Sport: **YOUTH BASEBALL**

Name of Organization: _____

Commissioner's Name: _____

Commissioner's Address: _____

City, State and Zip Code: _____

Day Phone Number: _____

Evening Phone Number: _____

Pager or Cell Number: _____

E-mail address: _____

Number of Teams Registered: *Out of County Teams Please add \$100 per team. Must have approval from the Director of Recreation & Parks prior to registration.*

_____	10A	\$140	_____	12C	\$140
_____	10B	\$140	_____	14A	\$140
_____	10C	\$140	_____	14B	\$140
_____	12A	\$140	_____	14C	\$140
_____	12B	\$140	_____	10U FRIDAY NITE	TBD

Total Number of Teams _____

Out of County Fee \$150 per team _____

Total Fees Due _____