ANNE ARUNDEL COUNTY
DEPARTMENT OF RECREATION AND PARKS

Organized Recreation & Athletics Division

TEAM REGISTRATION FORM

Season: **SPRING** Program Year: **2009**

Sport: **YOUTH BASEBALL** Program Number: _____

ATHLETIC/SPONSOR ORGANIZATION

Organization: _____

Commissioner Name: _____ Phone: _____

TEAM INFORMATION

Team Name: _____ Jersey Color: _____

Divison: circle one	**10U**			**12U**			**14U**		
Level of Play:	**A** 4600	**B** 4610	**C** 4620	**A** 4630	**B** 4640	**C** 4650	**A (90')** 4660	**B (80')** 4670	**C (80')** 4680

COACH INFORMATION (This information MUST be completed legibily or registration will NOT be accepted)

Coach Name: _____
Full First Name Middle Initial Last Name

Certification Number: _____ **Date of Background:** _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

TEAM NOTES:

OFFICE USE ONLY

10A - $415, 10B - $385, 10C - $355, 12A - $575, 12B - $555, 12C - $455, 14A - $600, 14B - $560, 14C - $500

FEE PAID: _____ CHECK #: _____ DATE PD: _____