ANNE ARUNDEL COUNTY

DEPARTMENT OF RECREATION AND PARKS

Organized Recreation & Athletics Division

TEAM REGISTRATION FORM ****ONE TEAM PER FORM****

Sport: **2019 Youth Baseball**

ATHLETIC/SPONSOR ORGANIZATION

Organization: _____ Phone: _____

Commissioner/Contact Person: _____ E-mail: _____

TEAM INFORMATION

*For registration to be complete please be sure to indicate **AGE** Group, and **Level** of Play. Incomplete information may result in team being improperly placed.*

Team Name: _____

American League - *Travel, CBA, Select Teams* ***National League*** - *Recreational teams*

AGE GROUP	9U	10U		11U		12U		14U	
Level of Play Please Select One	***AMERICAN ONLY***	*American*	*National*	*American*	*National*	*American*	*National*	*American*	*National*

COACH INFORMATION

(Information MUST be completed legibility or registration may NOT be accepted)

Head Coach: _____

Full First Name Middle Initial Last Name

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

Street Address: _____

City: _____ State: **MD** Zip: _____

Primary Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail address: _____

Assistant Coach: _____ **Date of Background:** _____

Primary Phone: _____ Cell Phone: _____

TEAM NOTES: ***Please list ALL conflicts that may affect team play. There is*** *NO guarantee that a conflict can be avoided.*

OFFICE USE ONLY

FEE PAID: _____ CHECK #: _____ Receipt # _____