

RENEGADES BASEBALL REGISTRATION FORM

Name: \_\_\_\_\_

Team/Age: \_\_\_\_\_ Jersey # Requested \_\_\_\_\_

Positions: \_\_\_\_\_ B/T: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Hat Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Cell Phone (player): \_\_\_\_\_

Cell phone (parent): \_\_\_\_\_

Email (player): \_\_\_\_\_

Email (parent): \_\_\_\_\_

High School: \_\_\_\_\_

GPA: \_\_\_\_\_ SAT/ACT: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_