

CABA CANADA 2017 19U PLAYER REGISTRATION FORM

Name Birthdate www.serven Address Age as of Dec 31 2017 City Did you pirv baseball in 2016? Yes No Province If yes, league/division/team Image: Participation in the second seco	PLAYER INFOR	MATION							
City Did you play baseball in 2010? Yes No Province If yes, league/division/team	Name				Birthdate (MM/DD	/YYYY)			
Province If yes, league/division/team Province If yes, league/division/team Postal Code Gender Male Community Throws Right Left Home Phone Weight (pounds) Image:	Address				Age as of Dec 3	1 2017			
Postal Code Gender Male Female Community Throws Right Left Home Phone Height (feet and inches) Image: Community Image: Community Email Best Field Positions Primary Secondary PARENT/GUARDIAN INFORMATION Parent/Guardian #1 Parent/Guardian #2 Name Home Phone Home Phone Image: Community Cell Phone Cell Phone Email Parent/Guardian #2 Name Home Phone Cell Phone Email Image: Community Volunteer Image: Coach Volunteer Image: Coach Coach Image:	City				Did you play baseball in 2016?		🗆 Yes 🗆 No		
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(or Player) Signature	Parent/Guard	ian			Date				

When completed and signed, you turn in your registration locally, or scan and email to cabacanada@zoho.com