

# ***Program Registration Form***

This general registration form can be used for any one of our baseball programs. Some of the lines of the form may not be needed for all programs. Please print as clearly as possible. All players require a copy of this year's immunization form for our board of health. You can email us at; [tedwilliamsleague@yahoo.com](mailto:tedwilliamsleague@yahoo.com) or call 781 293-2700. We also have a facebook page that can be helpful for program news and quick updates. Please like our page at; Ted Williams Baseball League.

PLAYERS NAME \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

\_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PROGRAM NAME \_\_\_\_\_

SESSION OR CLASS \_\_\_\_\_

IS THIS AN OVERNIGHT PROGRAM? \_\_\_\_\_

ANYTHING HELPFUL YOU WOULD LIKE US TO KNOW?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE FILL OUT THIS FORM AND MAIL IT WITH YOUR DEPOSIT  
PAYABLE TO; **STEVE FERROLI BASEBALL, PO BOX 72, MONPONSETT,  
MA 02350**