Registration Form

Team Name: _____ Division: _____ *Circle One* Baseball / Softball

Head Coach: _____ Phone #: _____

Assistant Coach: _____ Phone #: _____

Assistant Coach: _____ Phone #: _____

Assistant Coach: _____ Phone #: _____

Uniform Color: _____

Roster

Player Name	Age on 5/1/25 – Baseball Age on 1/1/25 - Softball	Phone Number

Make checks payable to: SCOTT CITY PARKS