



SANDWICH PARK DISTRICT
 1001 N. Latham Street P. O. Box 405 Sandwich, IL 60548 815-786-8044
 e-mail: sandwichparkdistrict@comcast.net / web site: www.sandwichparkdistrict.org

Tee-Ball REGISTRATION FORM

Deadline - APRIL 16



This form must be completed in full or your registration will not be processed.

CHILD'S INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Gender: Male _____ Female _____ HOME Phone: (_____) _____

Child's Birth Date: _____ - _____ - _____ Age: _____

UNIFORM SIZE **YS(6-8)** **YM(10-12)** **YL(14-16)**

FEES \$10 In-District _____ \$15 Out-of-District _____ Out-of-District cardholder _____

Please Check



PARENT'S INFORMATION

Father Full Name: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Mother Full Name: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

SPECIAL INFORMATION

Emergency Contact Name _____ Relationship _____ Phone (_____) _____

Medical or Special Needs / Allergies / Important Info. _____

ARE YOU INTERESTED? **COACH** _____ **ASST. COACH** _____ **REFEREE** _____ **YOUR SHIRT SIZE** _____

We will contact you to discuss- Best phone number to call _____ *Best time to call* _____

Your e-mail _____

Comments: _____

Please complete this section when using a credit card. Circle one: VISA MASTERCARD DISCOVER	
Card number: _____	Expiration Date: _____
Cardholder Name: <i>As it appears on card</i> _____	V-Code _____
Authorized Credit Card Signature: _____	

CASH _____

CHECK _____