

Downtown Optimist Club of Meridian

2009 T Ball Program @ Crestwood Fields

Player's Full Name: _____

Parent or Guardian Name: _____

Address: _____

Home Phone: _____

Work or Cell Phone: _____

E-Mail Address: _____

AGE: _____ **Date of Birth:** _____

(Must be 4 by August 1st and cannot be 7 before August 1st)

Male: _____ **Female:** _____

T-Shirt Size (Circle One): XS S M L

Number on Jersey: _____ (We will TRY to accommodate number requests)

Name on Jersey (first or last) _____

IMPORTANT:

Please check box if either parent or guardian can coach or asst. coach a team.

YES: _____ **Name:** _____

Did they coach last year? (Circle One): Yes No

Fee Amount: \$60.00 **Check #:** _____ **Date:** _____

****NO REFUNDS AFTER BEING PLACED ON A TEAM AND
REFUNDS WILL BE GIVEN BY CHECK ONLY****