

Downtown Optimist Club of Meridian
2010 T Ball Program @ Crestwood Fields

PLEASE PRINT

Player's Full Name: _____

Parent or Guardian Name: _____

Address: _____

Home Phone: _____ **Work or Cell Phone:** _____

E-Mail Address: _____

AGE: _____ **Date of Birth:** _____ **Male:** _____ **or Female:** _____
(Must be 4 by August 1st and cannot be 7 before August 1st)

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 complete if either parent or guardian can coach or asst. coach a team.
We need as many parents to coach or assistant coach as possible.

Coach Team

Name: _____ **Phone:** _____ **Email:** _____

Assist. Coach

Name: _____ **Phone:** _____ **Email:** _____

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

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