

Downtown Optimist Club of Meridian
2016 T Ball Program @ Crestwood Fields

PLEASE PRINT

Player's Full Name: _____

Parent or Guardian Name: _____

Address: _____

Primary Phone: _____ Secondary 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 Name OR Last Name) _____

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: _____ (2nd child in family \$40)

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