



Community T-Ball 2012

Registration

Unleashed Church @ Beulah

Child's Name _____

Age _____ Date of Birth _____

Parent(s)/Guardian(s) _____

Address _____ Apt. # _____

City _____ ZIP Code _____

Phone Numbers: (Home) _____ (Cell) _____

Email _____

Did you play last year? Yes ___ If so, which team? _____ No ___

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- Do you have a special request to be teamed up with another child this season? (i.e., brother/sister, carpool, etc.)
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*Note: Please fill out this form and bring it to the church office.
The cost of \$25 pays for a shirt and hat that children get to keep.*

Office Use:

Date: _____

Cash: _____ Check: _____ ***No. _____