

Dear Prospect Participants:

Player's Name: _____

Address: _____

City,State,Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address:_(of a responsible party, who will remember what time practice is)

Birthdate: _____

Height: _____ Weight: _____ Bat: _____ Throw: _____

Primary Position: _____ Secondary Position: _____

School ATTENDING this fall _____

PARENT'S NAME (AT LEAST one CONTACT NECCESARY)

Home Phone: _____ Cell Phone: _____

PARENTS NAME _____

Home Phone: _____ Cell Phone: _____

Please return form to Larry Damiano call 239-298-2392 or fax 1-866-610-5151
ALONG WITH COPY OF BIRTH CERTIFICATE and current AAU membership #
(if applicable)

www.CollierCountyBaseball.com