



BATRS REGISTRATION FORM

PLAYER INFORMATION

NAME: _____

DATE OF BIRTH: _____

PLAYER ADDRESS: _____

PLAYER CELL #: _____

SCHOOL YEAR/SCHOOL: _____

YRS PLAYING/TRAVEL EXP: _____

POSITIONS: _____

PARENT (1)

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

HOME #: _____ CELL # _____

PARENT (2)

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

HOME #: _____ CELL # _____