

PLAYBALL

TEAM REGISTRATION & PRACTICE REQUEST

Section 1: Team Information

Year: _____ Season: _____ Team Name: _____

Division: _____ Prior League Experience: _____
(League most players played in or High School most players attend)

Team competitive level: _____
(Please circle one) Majors. AAA AA A

Section 2: Manager and Coach Information

(Returning teams, complete only if information has changed)

Manager: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Home Address: _____
Email: _____

Head Coach : _____
Cell Phone: _____
Email: _____
Coach 2: _____
Cell Phone: _____

Section 3: Practice Requests: EXTENDED SEASON PRACTICES START JAN 2, REGULAR SEASON PRACTICES START FEB 3rd

***Practices slots on Weekdays are typically a 4:30- 6:30 PM, 6-8PM, 7:30-9:45 PM

***Practice slots on Weekends are typically at 9am, 11am, 1pm, 3pm, 5pm, 7pm

Weekday Practice Preferences: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

(include time slot preference) _____

Pre-season Weekend Practices: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

(include time slot preference) _____

Special instructions/general location of families: _____

Email this form to amy@azplayball.com and PayPal \$300 to amy@azplayball.com FRIENDS AND FAMILY only.

OR

Mail this form: AZPlayball PONY Baseball
13835 N Tatum Blvd
Ste. 9-449
Phoenix, AZ 85032