Team Registration

Team Name: _____ **Age/Division: (circle one)** **T-Ball**

8U - B **8U - A**

Coach: _____ **10U - B** **10U - A**

12U **14U**

Coach's Phone #: _____ **Coach's Email:** _____

Verify **ALL** paperwork is turned in with team registration sheet

Roster	Player Name	Registration Form	Birth Date	Payment Type (circle)	
1			___/___/_____	individual	team check
2			___/___/_____	individual	team check
3			___/___/_____	individual	team check
4			___/___/_____	individual	team check
5			___/___/_____	individual	team check
6			___/___/_____	individual	team check
7			___/___/_____	individual	team check
8			___/___/_____	individual	team check
9			___/___/_____	individual	team check
10			___/___/_____	individual	team check
11			___/___/_____	individual	team check
12			___/___/_____	individual	team check
13 (extra)			___/___/_____	individual	team check

Coach select one of the following and initial:

(initial ONE)

I am signing up a full team and full payment for 12 roster positions is included. _____

I am signing up less than a full 12 players, but will pay for a full 12 and will not accept anymore players. _____

I am signing up less than 12 players and will accept MESA assigning more players or will participate in the draft. (B divisions only, not an option for A division teams) _____

	initial	date
MESA Board Member (initial and date as received with payment)		