

Indiana MAFIA Baseball Registration Form



Player's Name: _____

Date of Birth: _____

Parent's Name: _____

Current Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Primary: _____ Cell: Y / N Texting: Y / N
 Secondary: _____ Cell: Y / N Texting: Y / N
 Player's: _____ Cell: Y / N Texting: Y / N

Email: Primary: _____
 Secondary: _____
 Player's: _____

Player Data:	
Height	
Weight	
Bats	R L
Throws:	R L

Previous Travel Ball Teams:

Age:	Team:

Age Group 2017

Primary Position:	1B	2B	3B	SS	LF	CF	RF
Secondary Position:	1B	2B	3B	SS	LF	CF	RF
Pitcher:	Yes	No		Catcher:	Yes	No	

Do you take lessons:		Instructor and Location
Hitting:	Yes No	
Pitching:	Yes No	
Other:	Yes No	