



Bozeman American Legion Baseball Bucks & Spikes Sign-up Form



GENERAL INFORMATION			
Player First Name:	Middle Name:	Player Last Name:	
Parent/Guardian Name(s):			
Address:		City:	Zip:
Home #:	Work #1:	Work #2:	Fax #:
Cell #1:	Cell #2:	Email 1: _____	
Cell #3 (Player):		Email 2: _____	
		Email 3 (Player): _____	
Other Information:			

PLAYER BACKGROUND			
Birthday (mm/dd/yy):	Years in Legion Program:	Current Grade (circle): 8 9 10 11 12 >12	Graduation Year:
Position(s):	Bats: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> S		Ht:
		Throws: <input type="checkbox"/> R <input type="checkbox"/> L	
Interested in (New Players): <input type="checkbox"/> Trying Out <input type="checkbox"/> Spring work-out only <input type="checkbox"/> Undecided at this time			
Other Information:			

Parent/Guardian Signature

Date

Thank you!

