

List ANY SPECIAL REQUESTS: _____ Division: _____ (Next Year)
(No guarantee-we may not be able to honor)

_____ Req: Spec Try out: _____
Player's Last Name: Player's First Name: M/F Birth Date Wants to go up to: _____ Div.

Choose the PLAYER'S LL Age: _____ as of August 31st 2019
ALL 6 yrs olds must play in Minor B- All 4 yr olds can only play with 5 yr olds

If you have a "BLOOD" sibling that you want your player to play with, please list their Name and their LEAGUE Age: _____ (Only a blood relative or Legal Adoption can be a sibling)
Please note: The sibling must be at an age where he/she can play together in a division mandated by LL Rules. Siblings in the same *drafted division* must live in the same household 100% of the season to be drafted on the same team and must have a nucleus parent-example: Player is blood related to mother/father-or must be legally adopted & court papers must accompany this form prior to the player being drafted. However there is no guarantee either.

Documents loaded previously last season: _____ If yes do nothing further in this section.
OR ONE copy from each Category: Cat#1__ Cat#2 __ Cat#3 _____ If no you must upload the following: School Enrollment Form
Feb 1, 2018 They must be dated between Feb 1, 2017 and Feb 1, 2018

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Father or Legal Guardian: Player lives with:
Name _____ Residing Address _____ City: _____

State: CA Zip Code _____ Occupation _____ Email address: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother or Legal Guardian: Player lives with:
Name _____ Residing Address _____ City: _____

State: CA Zip Code _____ Occupation _____ Email address: _____

Home Phone _____ Work Phone _____ Cell Phone _____
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NOTE: Please see OUR NEW website: www.tshqbluesombero.com/lahabracityll
No refunds will be given.

The cost of Fall Ball is \$75 per player, payable by debit or credit card (credit charges will have 3% fee added to total cost).