



Player Registration Form 2017 Season

(All fields must be completed. Please Print)

Player Name: _____

ABCCL Team: _____

College: _____ **Coach:** _____

Coach Cell Phone Number: (required) _____

College Coach Email: (required) _____

Parent's Email: (required) _____

Summer/Home Mailing Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone: School: _____

Home: _____

Cell: _____

Email: Summer: _____

School: _____

Birth Date: _____

Height: _____ **Weight:** _____

Throws (L/R): _____ **Bats (L/R):** _____

Primary Position: _____ **Secondary Position:** _____

ABCCL Team Fee: \$595.*

*Covers only a portion of each team's expenses including cost of insurance, All-Star game, uniforms, baseballs, equipment, field and light rentals, field maintenance charges, umpires, coaches and scorekeeper fees, etc.. You will have the opportunity to recoup this expense. Ask your ABCCL GM no later than February 1st about this opportunity.

Payment/checks should be made out to the **ABCCL team name** and mailed to **P.O. Box 4279, Middletown NJ 07748-3907** or the address supplied and by the date specified by your GM. **Credit card payment** may also be made via PayPal contact your GM to discuss this option and any payment plan options.