

SARASOTA BABE RUTH – Fall 2024

P.O. Box 3735, Sarasota, FL 34230

www.sarasotababeruth.com

Player’s Last Name: _____ First Name: _____

Street: _____ City: _____ Zip: _____

Preferred Phone: _____ School: _____ Grade: _____

Date of Birth: ____/____/____ **Playing age during 2024 Spring Season** _____
Month Day Year

Returning Player _____ New Player* _____

If you are playing on a Travel Team, please provide the Team name _____

Fall Registration fee is \$160: Cash or Check made payable to Sarasota Babe Ruth
No Credit Cards accepted

Jersey Size: **YOUTH:** S M L XL **ADULT:** S M L XL Other _____

What Positions Do You Play? _____

Father’s Last Name: _____ First Name: _____

Phone: _____ E-mail: _____

Mother’s Last Name: _____ First Name: _____

Phone: _____ E-mail: _____

Business/Sponsorship Signs Available: \$250 for 1 year or \$350 for 2 yrs (please inquire)

Emergency Contact: Father _____ Mother _____

Other: _____ Relation: _____ Phone: _____

Allergies or other health concerns: _____

OFFICIAL USE: _____ *Birth Certificate checked by _____

Registration paid by: Check # _____ Cash _____ Receipt # _____

Amt Paid _____ Balance Due _____

Rec’d by _____ Date _____