

SARASOTA BABE RUTH – Spring 2025

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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on April 30, 2025 \_\_\_\_  
Month Day Year Returning Player \_\_\_\_\_ New Player\* \_\_\_\_\_

REGISTRATION OPTIONS: (Select one)

NOT Playing High School (JV or Varsity) Baseball: Registration Fee \_\_\_\_\_ \$280

Playing High School (JV or Varsity) Baseball: Registration Fee \_\_\_\_\_ \$230

Shirt Size: **YOUTH:** S M L XL **ADULT:** S M L XL Other \_\_\_\_\_

Pant 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: \_\_\_\_\_

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OFFICIAL USE: \*Birth Certificate checked by \_\_\_\_\_

Registration paid by: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Receipt # \_\_\_\_\_

Amt Paid \_\_\_\_\_ Balance Due \_\_\_\_\_

Rec'd by \_\_\_\_\_ Date \_\_\_\_\_