

ST. CLAIR SHORES BASEBALL SOFTBALL ASSOCIATION

P.O. Box 314 St. Clair Shores, MI 48080-0314 Phone 586-435-5442



Register Online at: <u>www.scsbsa.com</u>

Player Name:				Gender: M F
Address:				
City:	Zip Code:	Home #: (_)	
Email:		Cell #: (_)	
*Must Provide Copy of Birth Certificate (If Asked)	Date	e of Birth:		-
For Team Selection: Number of years Playing Ex	perience	_ Game Experience at:	Pitcher / Catche	r (Please Circle)
Name of Parent(s) or Guardian(s) (Please Print): _				
Signature of Parent(s) or Guardian(s):				
Parent or Guardian would like to: Manage Co	oach Volunteer (H	Help with Opening Day	& Other Events)	(Please Circle)
Is Player Returning From Last Season?				
St. Clair Shores Residents Only Family			Note:	
After Two (2) Boid Players, 2rd Sibling (youngest) Playe	"For ¢05"	Division determined by	player aga (May 1a	Pove Jon 1et Cirle

WALK IN REGISTRATION DATES

Jan 21st @ Wally's - 6 to 8:30pm * Feb 8th @ Irelands Pub – 11am to 1pm * Feb 19th @ BWW 6 to 9pm March 14th @ Wally's - 11am to 1pm * March 25th @ BWW - 6 to 9pm * March 31st @ Wally's - 6 to 8:30pm

Note: One Time \$3 Fee Applies Per Payment Transaction

2020 PLAYER FEES Please Check One (Not for Boys Federation or Girls Travel Fast pitch)							
Age	Boys		Girls		Resident	Non-Resident	
4,5 & 6 Years Old	T-Ball		T-Ball		\$110.00	\$115.00	
7-8 Years Old	Pinto		9 & Under		\$120.00	\$125.00	
9-10 Years Old	Mustang				\$140.00	\$145.00	
11-12 Years Old	Bronco		12 & Under		\$150.00	\$155.00	
After April 1 Please add a \$10.00 Late Fee for Above Groups							
13-14 Year Olds	Pony		14 & Under		\$170.00	\$175.00	
*15 Years and Up	Colt / Palomino		18 & Under		\$190.00	\$195.00	

All Players receive: Jersey, Pant, Hat or Visor. Colt / Palomino players will have an upgraded uniform. (Cost reflected in fee)

Colt / Palomino & Girls 16u/18u players will be placed on a waiting list (Already formed Teams Welcome in these Divisions)

PAYMENT

		(Select One)				
Enclosed Check or Money Order	VISA	MasterCard	Square Payment	Cash Payment	Official Use Only	
Payable to SCSBSA	VISA	mastercard		П	Birth Certifi	icate Verified
Card Number:	Ш	L		L	Yes	No
Name (As it appears on card):				 -	Paid	Check #
Expiration (Month / Year): /	3-Digit Se	ecurity Code (C	On back of card):			

I have read and understand that SCSBSA reserves the right to use photographs taken of my child throughout the season and are only to be used as publicity, illustration, advertising and Web content.

Mail this completed form with your check if applicable to: SCSBSA P.O. Box 314, St. Clair Shores, MI 48080-0314

REFUND POLICY: There will be a \$25.00 administrative fee for all refunds.

NO REFUNDS AFTER THE START OF THE TEAM'S FIRST PRACTICE