

**SOUTHERN ILLINOIS SELECT BASEBALL LEAGUE (SISBL)
2017 SELECT BASEBALL TEAM FALL REGISTRATION
DEADLINE – AUGUST 26, 2017**

Team Name _____

Manager	Coach
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone
E-Mail Address	E-Mail Address

Please select age group you are registering and whether or not they are playing up in age. The division you play in must be the age division your team will play in the summer of 2018.

Division	Playing Up
<input type="checkbox"/> 8U	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 9U	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 10U	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 11U	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 12U	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 13U	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 14U	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 15U	<input type="checkbox"/> Yes <input type="checkbox"/> No

Divisions	Games	Fee (\$)
5-Team Division	8	920
6-Team Division	10	1,150
7-Team Division	12	1,380

Please return this application to Glen Polacek at 202 North Monroe Street Freeburg, IL 62243.

A NON-REFUNDABLE DEPOSIT OF \$200 PAYABLE TO SISBL MUST ACCOMPANY THIS APPLICATION. THIS CHECK WILL GO TOWARDS YOUR LEAGUE FEES. ALL CHECKS WILL BE CASHED AND DEPOSITED UPON RECEIPT.

For SISBL Use Only:

Date Received _____ Amount _____

Check Number _____