

LEAGUE REGISTRATION FORM
SOUTHERN ILLINOIS SELECT BASEBALL LEAGUE (SISBL)
2017 TEAM REGISTRATION
FREEBURG SPORTS COMPLEX – FREEBURG, ILLINOIS
DEADLINE – FEBRUARY 19, 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 they are playing up in age:

Division	Playing Up
<input type="checkbox"/> 8u Machine Pitch	<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

8u Machine Pitch Cost/Game	\$60/ 1 hour games
9u-14u Cost/Game	\$115/ 1:50 games

Number of Games is dependent upon how many teams register in your respective division.

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. ALL CHECKS WILL BE CASHED AND DEPOSITED UPON RECEIPT. THIS DEPOSIT WILL BE APPLIED TO YOUR LEAGUE FEE.

For SISBL Use Only:

Date Received _____ Amount _____

Check Number _____