



# 2009 Fall Program Registration Form

Items in red MUST be completed

First Name

Last Name

Street Address

City

State

Zip

Home Phone

Cell Phone

eMail

High School

Graduation Year

Date of Birth

Ht.

Wt.

Throws

Bats

Primary Position

Secondary Position

Shirt Size

Pant Size

Cap Size

Please enter the name and contact information of a Member of the New York Nine, Coach, Trainer, or Scout who can give us an evaluation of your skills - This is NOT necessary if you have received a formal invitation.

If this is an inquiry please fill out all information and click the SUBMIT button. If you care to keep a copy PRINT prior to submitting. If you are submitting this in response to a formal invitation, SUBMIT the form and mail a check for \$475.00 made out to:

Team New York Baseball, LTD

and mail to:

Team New York Baseball

2857 Shore Road

Seaford, NY 11783

[www.NewYorkNine.org](http://www.NewYorkNine.org)  
[register@teamnybaseball.org](mailto:register@teamnybaseball.org)