

BAYSIDE YANKEES WINTER WORKOUTS / TRYOUTS

2019 REGISTRATION FORM

NAME OF PLAYER: _____

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE NO: _____ **DATE OF BIRTH:** _____

SCHOOL: _____ **YEAR IN SCHOOL:** _____

GRADUATION YEAR: _____ **GPA:** _____ **SAT/ACT:** _____

PRIMARY POSITION: _____ **SECONDARY POSITION:** _____

BAT / THROW: _____ **HEIGHT:** _____ **WEIGHT:** _____ **T-SHIRT SIZE:** _____

E-MAIL ADDRESS: _____

CELL NO: _____

IMPORTANT

**Your registration fee, completed medical release form, and liability form
must accompany this form.**

MAIL COMPLETED FORM TO:

BAYSIDE YANKEES

84-10 120TH STREET (#1D) KEW GARDENS, N.Y. 11415