

2010 SPRING REGISTRATION FORM

Make checks payable and mail to:
“CHALL”
P.O. Box 4759
Cherry Hill, NJ 08034
 Please print legibly and fill out a
 separate form for each player.



REGISTRATION FEES:

Children	By 1/24		After 1/24	
	Baseball	Softball	Baseball	Softball
1	\$150	\$120	\$165	\$135
2	\$285	\$225	\$310	\$250
3 or more	\$400	\$310	\$435	\$345

By Mail: By 1/24/09 (if played at CHALL last Season)
In Person: 1/16 and 1/23 from 9AM-12 Noon;
 1/19 and 1/21 from 6-8PM
 CHALL Field House on Evesham Rd.

Players Name _____ Date of Birth: ___/___/___ Phone Number _____

Address _____ Housing Development _____ School _____ Grade _____

Where did your child play last season? Here at Cherry Hill Atlantic LL Other _____
 CHYAA (Formerly Cherry Hill Eastern) Did not play

Name of family medical insurance carrier _____

Please list any physical limitation (allergies, etc.) _____

Player uniform size: CHILD ADULT (Check One): SMALL MEDIUM LARGE X-LARGE

Parent/Guardian Name(s) _____ Occupation(s) _____

Parent/Guardian Signature _____ E-mail (Print Clearly) _____

- Girls Softball
 T-Ball (ages 5,6 and 7)
 Advanced T-Ball (ages 6 and 7)
 AA (age 7 – must attend evaluation)
 AA (ages 8 and 9 – evaluation not required)
 AAA (age 8 – must attend evaluation)
 AAA (ages 9, 10 and 11 - All ages must attend evaluation)
 Majors (ages 10, 11 and 12 - All ages must attend evaluation if not already on a Majors Roster from last season)

LEVEL OF PLAY DESIRED

**T-Ball, Advanced T-Ball and AA
 Players: Every effort will be made
 to place players together from the
 same neighborhood but CANNOT
 BE GUARANTEED.**

SEE NEWSLETTER ON WEBSITE FOR DATES AND TIMES OF EVALUATIONS

PROSPECTIVE MANAGERS AND COACHES

Please complete the following information if you would like to be considered for a managing or coaching position. The Board of Directors must approve all managers and coaches. **(Please fill out “Little League Volunteer Application.”)**

Name _____ Phone Number _____ (Circle One) Manage Assist

VOLUNTEERS NEEDED

- YES**, I want to volunteer my time. **(Please fill out “Little League Volunteer Application.”)**
 No, but I would like to make a tax deductible donation to your fund raiser (Checks Payable to “CHALL-Fund Raiser”) in the amount of (check enclosed): \$5.00 \$10.00 \$15.00 \$25.00 OTHER \$ _____

DO YOU KNOW OF A BUSINESS OR INDIVIDUAL WILLING TO SPONSOR A TEAM?

Type of Business _____

Contact Person _____ Phone Number _____

LEAGUE USE ONLY

Proof of Age Proof of Residency CHALL Authorized Signature _____

Payment Amount \$ _____ Check # _____ Bank _____