

Cadets Baseball Club Inc.

"Good Citizens Tomorrow Through Clean Sports Today"
Serving the Youth of New York City Since 1944

Player Registration Form

*Fill out this form completely, with the full registration fee.
Please print legible and carefully.*

Player Name _____ *Date of Birth* _____

Address _____ *Zip Code* _____

School _____ *Grade* _____

Cell# _____ *Home Phone* _____

Player's Email _____ *Parent's Email* _____

Name of team with whom you currently play with. _____

Please Select

Travel Ball/All-Star Clinic – Saturday 2/4, 2/11, 2/18, 2/25, 3/3

11 am – 1 pm Only Grades 4th, 5th, 6th

High School Prep Clinic – Sunday 2/5, 2/12, 2/19, 2/26, 3/4

Choose Time () 9 am – 11 am or () 11 am – 1 pm

Grades 7th, 8th, 9th

Cost - \$149 Make Payment Before January 15, 2012 Pay Only \$129

Please Make Checks Payable to: Cadets Baseball Club Inc.

***Mail Checks and Registration Forms to:
Cadets Baseball Club, Inc.
200 Llewellyn Place
Staten Island, NY
10310***

We're a not for Profit 501C3 Organization.