



Dover Little League, Inc

P.O. Box 1738, Dover, New Hampshire, 03820

Email: info@doverll.org

2010 REGISTRATION FORM

*Birth Certificate Required To Complete Registration - ____ (y/n)
(Please Print)*

Player Name: _____

Birth Date: _____ Age as of 4/30/10: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

e-mail address: _____

Parent's Names: _____

Additional Phones (if any) - Phone: _____ Cell Phone: _____

Did your child play in this league last year? (y/n) _____

If yes, which team? _____

If no, did anyone from the league refer you? (y/n + who) _____

Size Estimates (if known): Pants Size - _____ Shirt Size - _____

Jacket Size (11 yr olds or new 12 yr old) - _____

Medical Information - Are there any medical conditions that we should be aware of? (Please explain): _____

X _____

X _____

Emergency Contact/Relationship/Phone: _____

Special Requests, if any (no guarantee, but we will try) _____

X _____

Parent or Legal Guardian Signature: _____ Date: _____

The League needs volunteers. Is there anything that you would be willing to help out with? _____

X _____

X _____

*\$50 Each For Single Player or \$40 Each if 2or More Players-Checks Payable
To Dover Little League: Check Number- _____ ; Cash - \$_____ (amt.)*